Rec

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS (Copy) 166

RETURN OF A DEATH

FULL NAME Alice Rochefort Registered No. 1

Place of Death * No. Chelmsford

Date of Death Jan. 2. 1904 Age 1 years 6 months 6 days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
F		S

MAIDEN NAME †

HUSBAND'S NAME † —

BIRTHPLACE ‡ No. Chelmsford

NAME OF FATHER Theophas

BIRTHPLACE OF FATHER ‡ Canada

MAIDEN NAME OF MOTHER Marie Allen

BIRTHPLACE OF MOTHER ‡ Canada

OCCUPATION —

INFORMANT §

PLACE OF BURIAL OR REMOVAL ‖ St. Joseph Cemetery

DATE OF BURIAL Jan 4 1904

UNDERTAKER Joseph Albert

ADDRESS Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from — 190 to — 190, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Scarlet fever

(DURATION) 2 DAYS

Contributory: Convulsions

6 hours (DURATION) DAYS

(Signed) Geo. F. Harlow M.D.

Jan 3 190 (Address) Tyngsboro.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

Filed Jan 4 1904 Geo. F. Parkhurst Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Priscilla Pierce Registered No. 2

Place of Death * Chelmsford Center

Date of Death Jan 5 1904 Age 75 years 0 months 24 days

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ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME † Reeves

HUSBAND'S NAME † Wm S. Pierce

BIRTHPLACE ‡ Salem

NAME OF FATHER Wm Reeves

BIRTHPLACE OF FATHER ‡ Salem

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER ‡ —

OCCUPATION Housewife

INFORMANT § Wm S Pierce Chelmsford

PLACE OF BURIAL OR REMOVAL ‖ Edson Cem Lowell

DATE OF BURIAL Jan 7 1904

UNDERTAKER Walter Perham

ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec 30 1903 to Jan 5 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Senile degeneration.

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) [illegible] M.D.

Jan 6 1904 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

Filed Jan 7 1904 Geo. A. Parkhurst Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Delia Pendergast Registered No. 3

Place of Death* East Chelmsford Mass

Date of Death Jan 5 1904 Age 27 years — months — days

MARGIN RESERVED FOR BINDING

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ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX Fe | COLOR W | ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME † Delia Waldron

HUSBAND'S NAME † Joseph Pendergast

BIRTHPLACE ‡ Ireland

NAME OF FATHER John Waldron

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Bridget Jennings

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION Weaver

INFORMANT § Husband

PLACE OF BURIAL OR REMOVAL ‖ St Patricks | DATE OF BURIAL Jan 7 1904

UNDERTAKER C. H. Molloy | ADDRESS Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from DEC 15 1903 to DEC 31 1903, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Tuberc. Cerebro meningites (DURATION) 20 DAYS

Contributory: Tuberculosis? (DURATION) DAYS

(Signed) E. G. Livingston M.D.

Jan 6 1904 (Address) Lowell Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Jan 6 1904 Geo. A. Parkhurst Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Dr Livingston

RCC

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Martha Holt Registered No. 4

Place of Death* Chelmsford Centre

Date of Death January 12 1904 Age 85 years 1 months 26 days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
F	W.	Widowed

MAIDEN NAME † Woodward

HUSBAND'S NAME † Saml Holt

BIRTHPLACE ‡ Westford

NAME OF FATHER Theodore Woodward

BIRTHPLACE OF FATHER ‡ Mass.

MAIDEN NAME OF MOTHER Mahitabel Spalding

BIRTHPLACE OF MOTHER ‡ Mass.

OCCUPATION Housewife

INFORMANT § A. W. Holt, Chelmsford.

PLACE OF BURIAL OR REMOVAL ‖ Forefathers Cem Chelmsford

DATE OF BURIAL Jan 14 1904

UNDERTAKER Walter Parham

ADDRESS Chelmsford.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan. 9th 1904 to Jan. 12 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Bronchitis

(DURATION) 8 DAYS

Contributory: Old age

(DURATION) DAYS

(Signed) Anna Howard M.D.

Jan. 12 1904 (Address) Chelmsford.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

Filed Jan. 13 1904 Geo. A. Parkhurst Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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ALL NAMES TO BE IN FULL

MARGIN RESERVED FOR BINDING

Dec

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Sylvia E. Gale Registered No. 5

Place of Death *.. Chelmsford Mass

Date of Death Jan. 13. 1904 Age 11 years 1 months ... days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	white	Single

MAIDEN NAME †

HUSBAND'S NAME † Sylvia E. Gale

BIRTHPLACE ‡ Lowell, Mass.

NAME OF FATHER Charles Gale

BIRTHPLACE OF FATHER ‡ Augusta Maine

MAIDEN NAME OF MOTHER Sarah Calder

BIRTHPLACE OF MOTHER ‡ Eastport, Maine

OCCUPATION None

INFORMANT § Father

PLACE OF BURIAL OR REMOVAL ‖ Edson Cemetery DATE OF BURIAL Jan 15 1904

UNDERTAKER E. M. Young ADDRESS Res 33 Prescott St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 2 1904 to Jan 13 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pneumonia

(Duration) 4 Days

Contributory: Tuberculosis

(Duration) 2 Yrs Days

(Signed) E. G. Livingston M. D.

Jan 14 1904 (Address) Lowell Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

Filed Jan 15 1904 Geo. A. Parkhurst Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country: also city, town or county if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Hugh Keiren Registered No. 58

Place of Death* St. John's Hospital Lowell Mass.

Date of Death January 13 1904. Age 45 years — months — days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
M	W	S

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

East Chelmsford

NAME OF FATHER

Thomas Keiren

BIRTHPLACE OF FATHER ‡

Ireland

MAIDEN NAME OF MOTHER

Mary Little

BIRTHPLACE OF MOTHER ‡

Ireland

OCCUPATION

Farmer

INFORMANT §

Wm Casey (Cousin)

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
St. Patrick's Cem.	Jan 15 1904
UNDERTAKER	**ADDRESS**
J. J. O'Connell & Co.	101 Central St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 11 1904 to Jan 13 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pneumonia

(DURATION) DAYS

Contributory: Pneumonia

(DURATION) DAYS

(Signed) Jas. B. O'Connor M.D.

Jan 14 1904 (Address) Lowell

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence E. Chelmsford How long at Place of Death? 2 Days

Where was disease contracted, if not at place of death? Lowell Mass.

Filed Jan 14 1904 Gerard P. Dadman Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME George Adams Parkhurst Registered No. 7

Place of Death* Chelmsford Centre

Date of Death February 3rd 1904 Age 70 years 5 months 23 days

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ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: Male | COLOR: White | ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Chelmsford

NAME OF FATHER: Solomon Parkhurst

BIRTHPLACE OF FATHER ‡: Chelmsford

MAIDEN NAME OF MOTHER: Lucina M. Adams

BIRTHPLACE OF MOTHER ‡: Boston

OCCUPATION: Editor

INFORMANT §: Winthrop A. Parkhurst, Chelmsford

PLACE OF BURIAL OR REMOVAL ‖: Forefathers Cem. Chelmsford | DATE OF BURIAL: Feb 6 1904

UNDERTAKER: Walter Perkins | ADDRESS: Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan. 29 1904 to Feb. 3, 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Bronchopneumonia

(DURATION) 5 DAYS

Contributory: Vascular Degeneration - Indefinite (DURATION) DAYS

(Signed) Arthur G. Scobie, M.D.

Feb. 5 1904 (Address) Chelmsford, Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

Filed Feb. 20 1904 Edward J. Robbins Clerk
Town Boston

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Margaret Sullivan Registered No. 8

Place of Death* Eastchelmsford Mass

Date of Death Feb 19 1904 Age 70 years — months — days

MARGIN RESERVED FOR BINDING

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ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: female | COLOR: White | ~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~

MAIDEN NAME †: Casey

HUSBAND'S NAME †: Eugene Sullivan

BIRTHPLACE ‡: Ireland

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER ‡: Ireland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER ‡: Ireland

OCCUPATION: at Home.

INFORMANT §: John Sullivan

PLACE OF BURIAL OR REMOVAL ‖: St Patricks

DATE OF BURIAL: Feb 22 1904

UNDERTAKER: J H McDermott

ADDRESS: 70 Gorham St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov. 13 1903 to Feb. 18 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Acute Nephritis.

(Duration) 4 mos. ~~Days~~

Contributory: Bronchitis

(Duration) 2 mos. ~~Days~~

(Signed) Amasa Howard M. D.

Feb. 20 1904 (Address) Chelmsford.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Feb. 21 1904 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country: also city, town or county if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Ellen Larkin

Registered No. 9

Place of Death*. North Chelmsford

Date of Death Feb 22 1904 Age 57 years ... months ... days

STATISTICAL DETAILS

SEX	COLOR	~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED
female	White	

MAIDEN NAME † Ellen King

HUSBAND'S NAME † Michael Larkin

BIRTHPLACE ‡ Ireland

NAME OF FATHER Patrick King

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Ellen Mulcahy

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION At Home

INFORMANT § John Larkin Son

PLACE OF BURIAL OR REMOVAL ‖ St Patricks Parish cemetery

DATE OF BURIAL Feb 24 1904

UNDERTAKER J. F. Donnell & Son

ADDRESS 324 Main St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feb 18th 1904 to Feb 22 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pneumonia

(Duration) 7 Days

Contributory: La Grippe

(Duration) 7 Days

(Signed) Amasa Howard M. D.

Feb 23 1904 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

Filed Feb 23 1904 Edward J. Robbins Clerk Town Chelmsford

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Margaret Mullen

Registered No. 10

Place of Death*... North Chelmsford

Date of Death ... Feb 22 1904 ... Age 70 years — months — days

STATISTICAL DETAILS

SEX: F

COLOR: White

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Ireland

NAME OF FATHER: Michael Mullen

BIRTHPLACE OF FATHER ‡: Ireland

MAIDEN NAME OF MOTHER: Elizabeth Campbell

BIRTHPLACE OF MOTHER ‡: Ireland

OCCUPATION: At Home

INFORMANT §: Hugh Mullen

PLACE OF BURIAL OR REMOVAL ‖: St Patrick

DATE OF BURIAL: Feb 24 1904

UNDERTAKER: J Hall McDermott

ADDRESS: 70 Gorham St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct 19 1903 to Nov 12 1903, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Paralysis

(Duration) 126 Days

Contributory: unknown

(Duration) Days

(Signed) Leonard Hunkins M. D.

July 23 1904 (Address) Lowell Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

Filed Feb 23 1904 Edward J. Robbins Town Clerk Pro tem

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL
MARGIN RESERVED FOR BINDING

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MARGIN RESERVED FOR BINDING

COMMONWEALTH OF MASSACHUSETTS

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RETURN OF A DEATH

FULL NAME Mary Lindsey Putnam Registered No. 11

Place of Death * Chelmsford, Mass.

Date of Death Feb. 24 1904 Age 68 years 9 months 20 days

STATISTICAL DETAILS

SEX f | COLOR W. | SINGLE, MARRIED, WIDOWED, OR DIVORCED ~~DIVORCED~~

MAIDEN NAME † Mary Lindsey.

HUSBAND'S NAME † Israel Putnam

BIRTHPLACE ‡ Marblehead, Mass.

NAME OF FATHER Richard Lindsey.

BIRTHPLACE OF FATHER ‡ Marblehead, Mass.

MAIDEN NAME OF MOTHER Louise Devereux

BIRTHPLACE OF MOTHER ‡ Marblehead, Mass.

OCCUPATION Housewife.

INFORMANT § Sarah Putnam

PLACE OF BURIAL OR REMOVAL ‖ Pine Grove Cem. Chelmsford, Mass

DATE OF BURIAL Feb. 27 1904

UNDERTAKER Walter Putnam

ADDRESS Chelmsford, Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feb. 3, 1904 to Feb. 24, 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Influenza

(DURATION) DAYS

Contributory: Senility,

(DURATION) DAYS

(Signed) Arthur F. Scobria M.D.

Feb. 25, 1904 (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

Filed Feb. 27 1904 Edward J. Robbins Town Clerk Pro tem

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

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ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

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RETURN OF A DEATH

FULL NAME Leighton Mellen Adams Registered No. 12

Place of Death * Chelmsford, Mass.

Date of Death Feb. 27, 1904 Age 1 years 5 months 3 days

STATISTICAL DETAILS

SEX M | COLOR W. | SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Chelmsford, Mass.

NAME OF FATHER Amos B. Adams

BIRTHPLACE OF FATHER ‡ Chelmsford, Mass.

MAIDEN NAME OF MOTHER Hetty E. Mellen

BIRTHPLACE OF MOTHER ‡ Essex, Vermont

OCCUPATION

INFORMANT § Amos B. Adams

PLACE OF BURIAL OR REMOVAL ‖ Fr. Fathers Cem. Chelmsford | DATE OF BURIAL Mch. 1 1904

UNDERTAKER Walter Perham | ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feb. 16 1904 to Feb. 27 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Intestinal Obstruction

(DURATION) 10 DAYS

Contributory: Peritonitis

(DURATION) 11 DAYS

(Signed) Amesa Howard M.D.

Feb. 29 1904 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

Filed Feb. 29 1904 Edward J. Robbins Clerk
Town

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Harriet A Spaulding Registered No. 13

Place of Death * No Chelmsford Mass

Date of Death March 5 1904 Age 73 years 4 months days

MARGIN RESERVED FOR BINDING

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ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Fee	W	married

MAIDEN NAME † Harriet Littlehale

HUSBAND'S NAME † Salmon Spaulding

BIRTHPLACE ‡ Tyngsboro Mass

NAME OF FATHER Isaac Littlehale

BIRTHPLACE OF FATHER ‡ Tyngsboro Mass

MAIDEN NAME OF MOTHER Harriet Butterfield

BIRTHPLACE OF MOTHER ‡ Tyngsboro

OCCUPATION House Wife

INFORMANT § Lester Hall No Chelmsford

PLACE OF BURIAL OR REMOVAL Evergreen Lowell Mass

DATE OF BURIAL Mar 7 1904

UNDERTAKER John Weinert

ADDRESS 70 Middlesex

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jany 4 1904 to March 3 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Diabetes

(Duration) 2 Days

Contributory: Gangrene of foot

(Duration) Days

(Signed) Geo. A. Fiske M. D.

March 7 1904 (Address) Dunstable

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed March 7 1904 Edward J. Rollins Clerk Dunstable

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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MARGIN RESERVED FOR BINDING

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ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Otis Adams Registered No. 14

Place of Death* Chelmsford, Mass

Date of Death March 12, 1904 Age 78 years 2 months 6 days

STATISTICAL DETAILS

SEX M. | COLOR W. | ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE‡ Chelmsford, Mass.

NAME OF FATHER Otis Adams

BIRTHPLACE OF FATHER‡ Chelmsford, Mass.

MAIDEN NAME OF MOTHER Abigail Osgood Read.

BIRTHPLACE OF MOTHER‡ Westford, Mass.

OCCUPATION Farmer

INFORMANT§ W. Otis Adams.

PLACE OF BURIAL OR REMOVAL‖ Forestdale Cemetery | DATE OF BURIAL March 16 1904

UNDERTAKER Walter Perham | ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from March 10, 1904 to March 12, 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Accident, Injury to head- Concussion of brain-

(DURATION) 2 DAYS

Contributory:

(DURATION) DAYS

(Signed) Arthur G. Scotson — M.D.

March 14 1904 (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death?

Filed March 15 1904 Edward J. Robbins Town Clerk Pro tem.

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

180

RETURN OF A DEATH

FULL NAME Margaret Holland Registered No. 15

Place of Death*... Holland Ave North Chelmsford

Date of Death ... March 13. 1904 Age 54 years ... months ... days

STATISTICAL DETAILS

SEX	COLOR	~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~
female	White	

MAIDEN NAME † Margaret Crowley

HUSBAND'S NAME † Michael Holland

BIRTHPLACE ‡ Ireland

Ireland

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION At Home

INFORMANT § Annie Holland

PLACE OF BURIAL OR REMOVAL ‖ St Patrick

DATE OF BURIAL Mar 15 190 4

UNDERTAKER Thomas J. McDermott

ADDRESS 70 Gorham

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct 1904 to Mch 13 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Gastro-enteritis

6 mos. (Duration) ... Days

Contributory: General debility

... (Duration) ... Days

(Signed) ... M. D.

Mch 14 190 4 (Address) ...

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

Filed Mar. 15 1904 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

c-c 8178

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(Original) TRANSIT PERMIT NO.....

.....Railroad.

TRANSPORTATION OF CORPSE.

NEW HAMPSHIRE STATE BOARD OF HEALTH.

PHYSICIAN'S OR CORONER'S CERTIFCATE.

Name of Deceased Mrs. Eliza Lingley (If a minor, give parents' name also.) Date of Death April 1st 1904

Hour of Death ..... M. Age 83 Years 1 Months 22 Days .....

Place of Death Littleton Cause Pneumonia

Is this a Communicable Disease? .....

I hereby certify that the above is true to the best of my knowledge and belief.

G. F. Abbott M. D. or Coroner.

Residence Littleton County of Grafton State of N. H.

PERMIT OF LOCAL BOARD OF HEALTH.

This permit must be properly signed, and with Physician's Certificate presented to the Railroad or Express Agent before a body can be shipped.

In the Town (City or Town.) of Littleton County of Grafton

State of N. H. on the 1st day of April 1904

Permission is hereby given Charles F. Bingham holder of Embalmer's License No 67

to remove for burial at Mrs. Chalmers Ford in the county of Middlesex

State of Mass the body of Mrs. Eliza Lingley

who died at Littleton County of Grafton State of N. H.

on the 1st day of April 1904 Aged 83 Years 1 Months 22 Days

and Mrs A Edson is hereby authorized to accompany said remains.

Signed ..... Health Officer or Sec'y Board of Health.

RULE 1. The transportation of bodies dead of small-pox, Asiatic cholera, yellow fever, typhus fever, or Bubonic plague is absolutely forbidden.

This Permit and preceding Certificate must be detached and delivered to the Person in charge of the Corpse.

Rules of the New Hampshire State Board of Health, for the Transportation of the Dead.

RULE 1. The transportation of bodies dead of small pox, Asiatic cholera, yellow fever, typhus fever, or bubonic plague, is absolutely forbidden.

RULE 2. The bodies of those who have died of diphtheria (membranous croup), scarlet fever (scarlatina, scarlet rash), glanders, anthrax, or leprosy shall not be accepted for transportation unless prepared for shipment by being thoroughly disinfected by (*a*) arterial and cavity injection with an approved disinfectant fluid, (*b*) disinfecting and stopping of all orifices with absorbent cotton, and (*c*) washing the body with the disinfectant, all of which must be done by a *licensed embalmer*, holding a certificate as such, approved by the State Board of Health. After being disinfected as above, such body shall be enveloped in a layer of cotton not less than one inch thick, completely wrapped in a sheet and bandaged, and encased in an air-tight zinc, tin, copper, or lead-lined coffin, or iron casket, all joints and seams hermetically soldered, and all enclosed in a strong, tight wooden box. Or, the body being prepared for shipment by disinfecting and wrapping as above, may be placed in a strong coffin or casket, and said coffin or casket encased in an air-tight zinc, copper, or tin case, all joints and seams hermetically soldered, and all enclosed in a strong outside wooden box.

RULE 3. Bodies dead of typhoid fever, puerperal fever, erysipelas, tuberculosis, and measles, or other dangerous communicable diseases, other than those specified in Rules 1 and 2, may be received for transportation when prepared for shipment by filling cavities with an approved disinfectant, washing the exterior of the body with the same, stopping all orifices with absorbent cotton, and enveloping the entire body with a layer of cotton not less than one inch thick, and all wrapped in a sheet and bandaged, and encased in an air-tight coffin or casket. *Provided*, That this shall apply only to bodies which can reach their destination within forty-eight hours from time of death. In all other cases such bodies shall be prepared for transportation in conformity with Rule 2. But when the body has been prepared for shipment by being thoroughly disinfected by a *licensed embalmer*, holding a certificate as in Rule 2, the air-tight sealing and bandaging with cotton may be dispensed with.

RULE 4. Bodies dead of diseases that are not contagious, infectious, or communicable, may be received for transportation when encased in a sound coffin or casket and enclosed in a strong outside wooden box. *Provided*, They reach their destination within thirty hours from the time of death. If the body cannot reach its destination within thirty hours from time of death, it must be prepared for shipment by filling cavities with an approved disinfectant, washing the exterior of the body with the same, stopping all orifices with absorbent cotton and enveloping the entire body with a layer of cotton not less than one inch thick, and all wrapped in a sheet and bandaged, and encased in an air-tight coffin or casket. But when the body has been prepared for shipment by being thoroughly disinfected by a licensed embalmer, holding a certificate as in Rule 2, the air-tight sealing and bandaging with cotton may be dispensed with.

RULE 5. In cases of contagious, infectious, or communicable diseases, the body must not be accompanied by persons or articles which have been exposed to the infection of the disease, unless certified by the health officers as having been properly disinfected; and before selling passage tickets agents shall carefully examine the transit permit and note the name of the passenger in charge, and of any others proposing to accompany the body, and see that all necessary precautions have been taken to prevent the spread of the disease. The transit permit shall specifically state who is authorized by the health authorities to accompany the remains. In all cases where bodies are forwarded under Rule 2, notice must be sent by telegraph to the health officer at destination, advising the date and train on which the body may be expected. This notice must be sent by or in the name of the health officer at the initial point, and is to enable the health officer at destination to take all necessary precautions at that point.

RULE 6. Every dead body must be accompanied by a person in charge, who must be provided with a passage ticket and also present a full first-class ticket marked "corpse" for the transportation of the body, and a transit permit—showing physician's or coroner's certificate, health officer's permit for removal, undertaker's certificate, name of deceased, date and hour of death, age, place of death, cause of death, and if of a contagious, infectious, or communicable nature, the point to which the body is to be shipped, and when death is caused by any of the diseases specified in Rule 2, the names of those authorized by the health authorities to accompany the body. The transit permit must be made in duplicate, and the signatures of the physician or coroner, health officer, and undertaker must be on both the original and duplicate copies. The undertaker's certificate and paster of the original shall be detached from the transit permit and pasted on the coffin box. The physician's certificate and transit permit shall be handed to the passenger in charge of corpse. The whole duplicate copy shall be sent to the official in charge of the baggage department of the initial line, and by him to the Secretary of the State or Provincial Board of Health of the State or Province from which said shipment was made.

RULE 7. When dead bodies are shipped by express, the transit permit must be made in triplicate, and the signature of the physician or coroner, health officer and undertaker must be on all three permits. Of these transit permits, one copy shall be securely fastened upon the outside of the box one copy shall be forwarded by the express agent to the party to whom the body is shipped, and one copy shall be forwarded by the express agent to the secretary of the State or Provincial Board of Health of the state or province from which said shipment was made.

RULE 8. Every disinterred body, dead from any disease or cause, shall be treated as infectious or dangerous to the public health and shall not be accepted for transportation unless said removal has been approved by the *State or Provincial* health authorities having jurisdiction where such body is disinterred, and the consent of the health authorities of the locality to which the corpse is consigned has first been obtained; and all such disinterred remains shall be enclosed in a hermetically sealed (soldered), zinc, tin, or copper-lined coffin or box. Bodies deposited in receiving vaults will be treated and considered the same as buried bodies.

RULE 9. The bodies of all persons who die in New Hampshire that are to be shipped by public conveyance, even though the initial point of such shipment be a railway station outside the state, must be prepared and forwarded in accordance with the regulations in force in the state of New Hampshire.

RULE 10. All rules and parts of rules conflicting with these rules are hereby repealed.

The foregoing rules have been adopted by the State Board of Health of the State of New Hampshire and have the force and validity of law virtue of the authority vested in said State Board of Health by Sec. 4, Chap. 76, Laws of 1899.

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME William Taylor Registered No. 16

Place of Death* North Chelmsford Mass

Date of Death April 2 1904 Age 83 years 11 months ..... days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX	COLOR	~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~
M	W	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Alstead N. H.

NAME OF FATHER Daniel Taylor

BIRTHPLACE OF FATHER ‡ ? unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER ‡ Unknown

OCCUPATION Cabinet-maker

INFORMANT § Jane Taylor

PLACE OF BURIAL OR REMOVAL New Boston N H

DATE OF BURIAL Apr 5 1904

UNDERTAKER J B Currier

ADDRESS Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 30 1904 to Apr 1 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Heart lesion - Myocarditis

..... (Duration) ..... Days

Contributory: Cerebral haemorrhage

attend (Duration) 1 Days

(Signed) Forrest D Martin M. D.

4/2 1904 (Address) 19 Largo St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed April 4 1904 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Dr Martin

c-c 8178

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MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Mary L Fiske Registered No. 17

Place of Death*. North Chelmsford Mass

Date of Death April 4 1904 Age 75 years ... months ... days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
F	Wa	

MAIDEN NAME †

HUSBAND'S NAME † Oliver Fiske

BIRTHPLACE‡ Antrim N H

NAME OF FATHER Joseph Moulton

BIRTHPLACE OF FATHER‡ Parsonsfield Me

MAIDEN NAME OF MOTHER Ruth Messer

BIRTHPLACE OF MOTHER‡ Unknown

OCCUPATION At home

INFORMANT§ Mrs Cameron

PLACE OF BURIAL OR REMOVAL‖ Lowell Cemetery Lowell

DATE OF BURIAL apr 7 1904

UNDERTAKER J B Currier

ADDRESS Lowell

Rec. Apr. 6. 1904

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from April 2 1904 to April 4 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Apoplexy

(Duration) 2 Days

Contributory: ... (Duration) ... Days

(Signed) I E Janney M. D.

April 5 1904 (Address) N. Chelmsford Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

Filed April 6 1904 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

c-c 8178

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MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME John A. Wymans Registered No. 18

Place of Death*.. Chelmsford Mass

Date of Death April 9, 1904 Age 66 years 3 months — days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Male	White	Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Belfast Maine

NAME OF FATHER Ben Wymans

BIRTHPLACE OF FATHER ‡ unknown

MAIDEN NAME OF MOTHER Sybil McDonald

BIRTHPLACE OF MOTHER ‡ unknown

OCCUPATION Retired

INFORMANT § Widow

PLACE OF BURIAL OR REMOVAL ‖ Edson Cemetery

DATE OF BURIAL April 11, 1904

UNDERTAKER C. M. Young Hos

ADDRESS 33 Prescott St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190 . to Apr. 9th 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cystitis

(Duration) 3 years Days

Contributory: .....

(Duration) ..... Days

(Signed) Amasa S. Howard M. D.

Apr. 10 1904 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed April 11, 1904. Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

c-c 8178

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MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Arthur B. Chapin Registered No. 19

Place of Death* Chelmsford Mass.

Date of Death April 15, 1904 Age 71 years 6 months 28 days

STATISTICAL DETAILS

SEX M | COLOR W | ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Concord, Mass.

NAME OF FATHER Linthus Chapin

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER Elizabeth Holowell

BIRTHPLACE OF MOTHER ‡

OCCUPATION Farmer

INFORMANT § Grace Chapin

PLACE OF BURIAL OR REMOVAL || Edson Cem. Lowell | DATE OF BURIAL April 17, 1904

UNDERTAKER Walter Perham | ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 190 to Apr. 15, 190 4, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Influenza a.

(DURATION) DAYS

Contributory: Chronic Asthma

(DURATION) DAYS

(Signed) Arthur G. Scobon, M.D.,

April 16, 190 4 (Address) Chelmsford Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed April 16 1904 Edward J. Rotting Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME William Richardson Registered No. 20

Place of Death* Second St off Warren Ave. Chelmsford Center

Date of Death April 15. 1904. Age 32 years — months — days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: Male | COLOR: W | SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ †

~~MAIDEN NAME~~ †

~~HUSBAND'S NAME~~ †

BIRTHPLACE ‡: Lowell

NAME OF FATHER: Joseph H. Richardson

BIRTHPLACE OF FATHER ‡: Lowell

MAIDEN NAME OF MOTHER: Mary A. Sanborn

BIRTHPLACE OF MOTHER ‡: Vermont

OCCUPATION: Painter

INFORMANT §: Father

PLACE OF BURIAL OR REMOVAL ‖: Edson

DATE OF BURIAL: Apr 18 1904

UNDERTAKER: C. H. Hollon

ADDRESS: Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Apr. 11 1904 to Apr. 15 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pneumonia.

(Duration) 5 Days

Contributory:

(Duration) Days

(Signed) Amasa Howard M. D.

Apr. 17 1904 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

Filed Apr. 18 1904 Edward J. Rotting Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

e-c 8178

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Stella Callahan Registered No. 21

Place of Death* North Chelmsford

Date of Death April 25, 1904 Age 15 years 6 months days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~OR~~ DIVORCED
Female	White	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ North Chelmsford

NAME OF FATHER John F. Callahan

BIRTHPLACE OF FATHER ‡ Lowell

MAIDEN NAME OF MOTHER Ann Bradley

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION At Home

INFORMANT § John F. Callahan Father

PLACE OF BURIAL OR REMOVAL || St Peters cemetery Lowell

DATE OF BURIAL April 27 1904

UNDERTAKER James F. Donnell Lowell

ADDRESS 324 Merrimack St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 1903 to April 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pulmonary Tuberculosis

Two years (Duration) Days

Contributory:

(Duration) Days

(Signed) F E Varney M. D.

April 26 190X (Address) N. Chelmsford.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Apr. 27 1904 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

c-c 8178

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

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Department of Health.

BOROUGH OF BROOKLYN.

Apr. 29 1904

(Always write with ink.)

TRANSIT PERMIT.

6011-'03-5,000 (P)

72 H—1903

TRANSPORTATION OF CORPSE.

NEW YORK STATE DEPARTMENT OF HEALTH.

Transit Permit No. 9104

PERMIT OF LOCAL BOARD OF HEALTH.

DEPARTMENT OF HEALTH, BOROUGH OF BROOKLYN CITY OF NEW YORK.

This Permit must be properly signed and presented, with Undertaker's Certificate, to the Railroad, Express or other Transportation Agent before a body can be shipped.

In the BOROUGH OF BROOKLYN. *of* (City, Town or Village.) *County of* Kings

State of New York, on this 29 *day of* Apr. *1904*

Permission is hereby given L. J. Byrne *holder of Embalmer's License No.*

to remove for burial at Lowell *County of*

State of Mass. *the body of* Mara L. Needham

who died at BOROUGH OF BROOKLYN. *County of* Kings

on the 29 *day of* Apr. *1904, at* 7 A. M. *Aged* 88 *years* 3 *months and* 20 *days,*

the cause of death being Nephritis *which is a* (Communicable or Non-Communicable.) *disease requiring*

shipment under Rule No. 4 *of the Rules of the New York State Department of Health for the Transportation of the Dead, as printed on the back of this Permit.*

Name of person in charge of transit.

Signed L. J. Byrne M.D.

Registrar of Records of the Department of Health of The City of New York.

This Permit and Coupon must be detached and delivered to the Person in charge of the Corpse.

Coupon No. Two, to Transit Permit of M. L. Needham (Name.) Transit Permit No. 9104

who died at BOROUGH OF BROOKLYN.

Before this body leaves Manhattan the Carrier or Transportation Agent will tear off and keep this coupon. If otherwise detached from the Permit the coupon must not be received.

RULES OF THE NEW YORK STATE DEPARTMENT OF HEALTH FOR THE TRANSPORTATION OF THE DEAD.

These Rules having been Duly Adopted and Properly Published, have the Force of Law.

Rule 1. The transportation of bodies dead of smallpox, Asiatic cholera, yellow fever, typhus fever or bubonic plague, is absolutely forbidden except upon certification, sworn to by the undertaker in charge of the remains, and the certificate of the Health Officer, both to be approved by the State Commissioner of Health, that the bodies have been thoroughly disinfected by (a) arterial and cavity injection with an approved disinfectant fluid, (b) disinfecting and stopping all orifices with absorbent cotton, and (c) washing the body with the disinfectant, all of which must be done by an embalmer holding a license as such approved by the State Department of Health. After being disinfected as above, such body shall be enveloped in a layer of cotton not less than one inch thick, completely wrapped in a sheet and bandaged, and encased in an air-tight zinc, tin, copper or lead lined coffin, or iron casket, all joints and seams hermetically soldered, and all enclosed in a strong, tight wooden box. Or, the body being prepared for shipment by disinfecting and wrapping as above, may be placed in a strong coffin or casket, and said coffin or casket encased in an air-tight zinc, copper or tin case, all joints and seams hermetically soldered and all enclosed in a strong outside wooden box.

Rule 2. The bodies of those who have died of diphtheria (membranous croup), scarlet fever (scarlatina, scarlet rash), glanders or anthrax, shall not be accepted for transportation unless prepared for shipment in the manner prescribed by Rule 1, the same to be approved and certified to by the local health officer.

Rule 3. The bodies of those dead of typhoid fever, puerperal fever, erysipelas, tuberculosis and measles, or other dangerous communicable diseases other than specified in Rules 1 and 2, may be received for transportation when prepared for shipment by filling the cavities with an approved disinfectant, washing the exterior of the body with the same, stopping all orifices of the body with absorbent cotton, and by being arterially embalmed; all of which must be done by a licensed embalmer of the State of New York, and the same encased in a coffin or casket and outside wooden box. In the event of bodies dying of diseases mentioned in this rule not reaching their destination within 120 hours after the hour of death, the casket or overbox shall be hermetically sealed.

Rule 4. The bodies of those dead of diseases that are not contagious, infectious or communicable, may be received for transportation when encased in a sound casket or overbox, provided that they reach their destination within thirty hours after death. If the body cannot reach its destination within thirty hours after death it must be prepared for shipment by filling the cavities with an approved disinfectant, washing the exterior of the body with the same, stopping all orifices with absorbent cotton, and the body must be arterially embalmed by a licensed embalmer of the State of New York, and the same encased in a coffin or casket and outside wooden box.

Rule 5. In cases of contagious, infectious or communicable diseases, the body must not be accompanied by persons or articles which have been exposed by the infection of the disease, unless certified by the Health Officer as having been properly disinfected; and before selling passage tickets agents shall carefully examine the transit permit and note the name of the passenger in charge, and of any others proposing to accompany the body, and see that all necessary precautions have been taken to prevent the spread of disease. The transit permit in such cases shall specifically state who is authorized by the local Board of Health to accompany the remains. In all cases where bodies are forwarded under Rules 1 and 2, notice must be sent by telegraph to Health Officer at destination, advising the date and train on which the body may be expected. This notice must be sent by or in the name of the Health Officer at the initial point, and is to enable the Health Officer at destination to take all necessary precautions at that point.

Rule 6. Every dead body must be accompanied by a person in charge, who must be provided with a passage ticket and also present a full first-class ticket marked "Corpse" for the transportation of the body, and a transit permit—with undertaker's certificate, name of deceased, date of death, age, place of death, cause of death, and if of a contagious, infectious or communicable nature, the point to which the body is to be shipped. And when death is caused by any of the diseases specified in Rules 1 and 2, the name of the person or persons authorized by the local Board of Health to accompany the body. The undertaker's certificate and paster shall be detached from the transit permit and pasted on the coffin box. The transit permit shall be handed to the passenger in charge of the corpse. The first coupon shall be sent to the official in charge of the baggage department of the initial line, and by him to the secretary of the local Board of Health of the municipality from which said shipment was made.

Rule 7. Every disinterred body, dead from any disease or cause, shall be treated as infectious or dangerous to the public health and shall not be accepted for transportation unless said removal has been approved by the local health authorities having jurisdiction where such body is disinterred, and the consent of the health authorities of the locality to which the corpse is consigned has first been obtained; and if the death was from causes specified in Rule 1 the approval of the State Commissioner of Health must likewise be obtained. All such disinterred remains shall be enclosed in a hermetically sealed (soldered) zinc, tin or copper lined coffin or box. Bodies deposited in receiving vaults shall be treated and considered the same as buried bodies.

189

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Elizabeth Langley

Registered No. 22

Place of Death*. Branch St. North Chelmsford

Date of Death April 26 1904 Age 53 years — months — days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: female | COLOR: White | SINGLE, MARRIED, WIDOWED, OR DIVORCED:

MAIDEN NAME †: Elizabeth Carroll

HUSBAND'S NAME †: Wm Langley

BIRTHPLACE ‡: Ireland

NAME OF FATHER: James Carroll

BIRTHPLACE OF FATHER ‡: Ireland

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER ‡: Ireland

OCCUPATION: at home

INFORMANT §: Wm Langley. Son

PLACE OF BURIAL OR REMOVAL ‖: St Patricks cemetery Lowell

DATE OF BURIAL: April 28 1904

UNDERTAKER: James F. O'Donnell & Co

ADDRESS: 324 Market St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from April 24 1904 to April 26 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pneumonia

Two days (Duration) Days

Contributory:

(Duration) Days

(Signed) F. E. Varney M. D.

April 26 1904 (Address) W Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed April 28 1904 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

c-c 8178

190

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Oliver Fiske

Registered No. 23

Place of Death*. North Chelmsford Mass

Date of Death May 2 1904 Age 84 years ... months ... days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX	COLOR	~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~
M	W	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Hallieston Mass

NAME OF FATHER Lewis Fiske

BIRTHPLACE OF FATHER ‡ Hallieston Mass

MAIDEN NAME OF MOTHER Mehitable K Knowles

BIRTHPLACE OF MOTHER ‡ Norwood N H

OCCUPATION Retired

INFORMANT § Mrs Melvin G Cameron
his niece

PLACE OF BURIAL OR REMOVAL ‖ Lowell cemetery Lowell Mass

DATE OF BURIAL May 5 1904

UNDERTAKER J Bourne

ADDRESS Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feby 1 1904 to May 2 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Senility

(Duration) Days

Contributory:

(Duration) Days

(Signed) F E Varney M. D.

May 2 1904 (Address) N. Chelmsford Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

Filed May 4 1904 Edward J. Robbins Jr. Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

c-c 8178

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

191

RETURN OF A DEATH

FULL NAME Ann Callahan Registered No. 24

Place of Death * North Chelmsford Mass

Date of Death May 3d, 1904 Age 40 years — months — days

STATISTICAL DETAILS

SEX female | COLOR White | ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED

MAIDEN NAME † Ann Bradley

HUSBAND'S NAME † John F. Callahan

BIRTHPLACE ‡ Ireland

NAME OF FATHER John Bradley

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Ann McNamee

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION At Home

INFORMANT § John F. Callahan Husband

PLACE OF BURIAL OR REMOVAL ‖ St Patricks cemetery Lowell

DATE OF BURIAL May 5 1904

UNDERTAKER F. O'Donnell & Son

ADDRESS 324 Main St Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from March 1904 to May 4 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Acute Tuberculosis

3 or 4 months (DURATION) DAYS

Contributory: .....

(DURATION) DAYS

(Signed) F E Varney M.D.

May 4 1904 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed May 4 1904 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

1902

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Terrence Mc Enaney Registered No. 25

Place of Death*.. North Chelmsford Mass

Date of Death May 7 1904 Age 65 years 4 months — days

STATISTICAL DETAILS

SEX	COLOR	~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~
M	W	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡
Ireland

NAME OF FATHER
Owen Mc Enaney

BIRTHPLACE OF FATHER ‡
Ireland

MAIDEN NAME OF MOTHER
Mary deery

BIRTHPLACE OF MOTHER ‡
Ireland

OCCUPATION
Laborer

INFORMANT §
Mrs Patrick Mc Enaney

PLACE OF BURIAL OR REMOVAL ‖
St Patrick

DATE OF BURIAL
May 6 1904

UNDERTAKER
J. H. Mc Dermott

ADDRESS
70 Gorham St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feb 1904 to May 7 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cirrhosis —

(Duration) Days

Contributory:

(Duration) Days

(Signed) Amasa Howard M. D.

May 7 1904 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed May 7 1904 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

c-c 8178

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Benjamin Judson Spaulding Registered No. 26

Place of Death* Chelmsford, Westford Road

Date of Death May 12 1904 Age 80 years 5 months 6 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX	COLOR	~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~
M	W.	Widowed

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Chelmsford

NAME OF FATHER Benjamin

BIRTHPLACE OF FATHER ‡ Chelmsford

MAIDEN NAME OF MOTHER Patty Day

BIRTHPLACE OF MOTHER ‡ Nelson, N. H.

OCCUPATION Farmer

INFORMANT § Frank S Spaulding (Son)

PLACE OF BURIAL OR REMOVAL ‖ Hart Pond Cemetery

DATE OF BURIAL May 15 1904

UNDERTAKER Walter Perham

ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ~~190~~ to May 10 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Organic Disease Heart

~~Confusion~~ (DURATION) 3 or 4 DAYS

Contributory: Senility

(DURATION) DAYS

(Signed) F E Varney M.D.

May 12 1904 (Address) F E Varney Town Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

Filed May 14 1904 Edward J. Rothery Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

194

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Elizabeth Dawson Registered No. 27

Place of Death*.... North Chelmsford Mass

Date of Death ..... May 19 1904 ..... Age 63 years — months — days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~
F	W	

MAIDEN NAME † Elizabeth Sookey

HUSBAND'S NAME † Frederick Dawson

BIRTHPLACE ‡ Ireland

NAME OF FATHER William Sookey

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Margaret Magner

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION at Home

INFORMANT § Justin Dawson

PLACE OF BURIAL OR REMOVAL ‖ St Patrick

DATE OF BURIAL May 21 190 4

UNDERTAKER J H McDermott

ADDRESS 70 Gorham St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 16 1904 to May 19 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Bronchitis

Several months

(Duration) — Days

Contributory: Anaemia

(Duration) Days

(Signed) Amos Howard M. D.

May 20 190 4 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed May 20 1904 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

c-c 8178

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Mary Helen Zaucraft Registered No. 28

Place of Death*.. Chelmsford

Date of Death May 22 1904 Age — years — months 19 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX	COLOR	SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~
Fe	W	

MAIDEN NAME †

~~HUSBAND'S NAME~~ †

BIRTHPLACE ‡ Chelmsford

NAME OF FATHER Nelson J Zaucraft

BIRTHPLACE OF FATHER ‡ Canaan N.H.

MAIDEN NAME OF MOTHER Mary M. Riley

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION

INFORMANT § Father

PLACE OF BURIAL OR REMOVAL ‖ St. Patricks

DATE OF BURIAL May 23 1904

UNDERTAKER C. Shalloy

ADDRESS Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 190 to May 20 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pneumonia Croupous

(Duration) 13 Days

Contributory:

(Duration) Days

(Signed) F E Varney M. D.

May 23 1904 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed May 23 1904 Edward J. Colton Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Dr Varney North Chelmsford

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

CITY OF LOWELL

FULL NAME Catherine A. O'Hara Registered No. 29

Place of Death* Center Road East Chelmsford

Date of Death June 20th 1904 Age 46 years — months — days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX	COLOR	~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~
Fe	W	

MAIDEN NAME † Catherine A Donahoe

HUSBAND'S NAME † John W. O'Hara

BIRTHPLACE ‡ Lowell

NAME OF FATHER Bathomuly Donahue

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Catherine Mahoney

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION at home

INFORMANT § Husband

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
St Patricks	June 22 1904
UNDERTAKER	**ADDRESS**
C. H. Kelley	Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct. 1903 to June 20 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Diabetes —

(DURATION) 8 mos. ~~DAYS~~

Contributory: .....

(DURATION) ..... DAYS

(Signed) Amasa Howard M.D.

June 20 1904 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed June 20 1904 Edward J. Robbins Jr. Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Dr. Howard

Town of Chelmsford

197

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Mrs. Mary Sheehan Registered No. 30

Place of Death* Chelmsford

Date of Death June 24 1904 Age 37 years months days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
female	white	

MAIDEN NAME † Mary ~~Foley~~ Barry

HUSBAND'S NAME † John C. Sheehan

BIRTHPLACE ‡ Ireland

NAME OF FATHER not known Barry

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER not known

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION At Home

INFORMANT § John C. Sheehan Husband

PLACE OF BURIAL OR REMOVAL ‖ St Patricks cemetery Lowell

DATE OF BURIAL June 25 1904

UNDERTAKER J. H. Donnelly & Son

ADDRESS 324 Gorham St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 190 to June 22 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Child-birth

(DURATION) DAYS

Contributory: Anaemia

(DURATION) 30 DAYS

(Signed) Amasa Howard M.D.

June 24 1904 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed June 24 1904 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Born in Chelmsford

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

198

RETURN OF A DEATH

FULL NAME Still Born Sheehan Registered No. 31

Place of Death * Chelmsford

Date of Death June 22, 1904 Age ..... years ..... months ..... days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, ~~WIDOWED, OR~~ DIVORCED
Female	White	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Chelmsford

NAME OF FATHER John C. Sheehan

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Mary Daly

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION

INFORMANT § John C. Sheehan Ireland

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
St Patrics cemetery	June 25 1904

UNDERTAKER James F. O'Donnell ADDRESS Don 324 Main St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ~~190~~ ~~to~~ June 22 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Still-born —

..... (DURATION) ..... DAYS

Contributory: .....

..... (DURATION) ..... DAYS

(Signed) Thomas F Howard M.D.

June 23 1904 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

Filed June 24 1904 Edward J Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

199

RETURN OF A DEATH

CITY OF LOWELL

FULL NAME Sarah McNalley Registered No. 32

Place of Death* Highland Ave No Chelmsford

Date of Death July 9. 1904 Age 57 years ... months ... days

STATISTICAL DETAILS

SEX	COLOR	~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~
female	White	

MAIDEN NAME† Sarah McCabe

HUSBAND'S NAME† Patrick McNalley

BIRTHPLACE‡ Ireland

NAME OF FATHER Patrick McCabe

BIRTHPLACE OF FATHER‡ Ireland

MAIDEN NAME OF MOTHER Bridget McCabe

BIRTHPLACE OF MOTHER‡ Ireland

OCCUPATION at Home

INFORMANT§ Patrick Phillips

PLACE OF BURIAL OR REMOVAL‖ St Patricks

DATE OF BURIAL July 12 1904

UNDERTAKER Jas H McDermott

ADDRESS 70 Graham

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, ~~from~~ on July 8 1904 ~~1904~~ to ... 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cerebral Hemorrhage

one day (DURATION) DAYS

Contributory: ...

(DURATION) DAYS

(Signed) F E Varney M.D.

July 10 1904 (Address) North Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

Filed July 11 1904 Edward J Rollins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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MARGIN RESERVED FOR BINDING.

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Riley Davis Registered No. 33

Place of Death* Chelmsford Centre

Date of Death July 17 1904 Age 62 years 8 months 3 days

STATISTICAL DETAILS

SEX: Male | COLOR: white | ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Canterbury N.H.

NAME OF FATHER: Lowell Davis

BIRTHPLACE OF FATHER ‡:

MAIDEN NAME OF MOTHER: Sarah A. Smith

BIRTHPLACE OF MOTHER ‡: Maine

OCCUPATION: Mechanic

INFORMANT §: Mrs. Riley Davis.

PLACE OF BURIAL OR REMOVAL ‖: Edson Cem. Lowell

DATE OF BURIAL: July 20 1904

UNDERTAKER: Walter Perham

ADDRESS: Chelmsford.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 28, 1902 to July 17, 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Left Hemiplegia

2 yrs (DURATION) 20 DAYS

Contributory:

(DURATION) DAYS

(Signed) Arthur G. Jacobus, M.D.

July 20, 1904 (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, If not at place of death?

Filed July 20, 1904 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

201

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

CITY OF LOWELL

FULL NAME Martha Simmons — Registered No. 34

Place of Death* Chelmsford —

Date of Death Aug 12th 1904 Age 82 years 6 months days

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL
MARGIN RESERVED FOR BINDING

STATISTICAL DETAILS

SEX F | COLOR W | ~~SINGLE, MARRIED~~, WIDOWED, ~~OR DIVORCED~~

MAIDEN NAME † Martha Hatfield

HUSBAND'S NAME † Thomas Simmons

BIRTHPLACE ‡ England

NAME OF FATHER Joseph Hatfield

BIRTHPLACE OF FATHER ‡ England

MAIDEN NAME OF MOTHER Mary Brooks

BIRTHPLACE OF MOTHER ‡ England

OCCUPATION At Home

INFORMANT § Mrs. Jarvis Woods

PLACE OF BURIAL OR REMOVAL ‖ Bellevien Cemetery Lawrence Mass

DATE OF BURIAL Aug. 15 1904

UNDERTAKER John Weinbeck

ADDRESS 80 Middlesex St. Lowell Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Aug. 5 1904 to Aug. 12 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Senile

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) Amasa Howard M.D.

Aug. 12 1904 (Address) Chelmsford.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

Filed Aug. 12 1904 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH. Registered No. 35

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Lora May Hartwell Sex, Female Color, White

Date of Death, August 11 1904; Age, 41 Years, 3 Months, 8 Days.

Maiden Name, {If married, widowed or divorced.} Lora May Bickford

Husband's Name, William H. Hartwell

Single, Married, Widowed or Divorced, Married Occupation, At Home

*Residence, {If out of town, also state fully.} Boston Mass.

Place of Birth, Easton N. H.

*Place of Death, South Chelmsford Mass.

Name and Birthplace of Father, Daniel H. Bickford Easton N. H.

Maiden Name and Birthplace of Mother, Agusta H. Clough Gilmanton N. H.

Place of Interment, (Give name of Cemetery), South Chelmsford Hart Pond Cemetary

Dated at So. Chelmsford on August 12, 1904.

Signature and place of business of Undertaker. Hand P Byam So. Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Lora M. Hartwell - Age, 41 Y. 3 M. 8 D.

Place and Date of Death, died at So. Chelmsford, Mass, Aug. 11, 1904.

Disease or Cause of Death,‡ Primary, Malignant Disease Duration, ...

Secondary, of Stomach - Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Arthur G. Seaborn M. D.
Chelmsford, Mass.

Date of Certificate, Aug. 12, 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

No. _____

RETURN OF THE DEATH

OF

_____

at _____

Date, _____ 190____.

Filed, _____ 190____.

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Section 5. Penalty for violation not exceeding fifty dollars.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Hannah Mc Guinness Registered No. 36

Place of Death * Smith Ave. Chelmsford

Date of Death August 11, 1904 Age 70 years ... months ... days

STATISTICAL DETAIL

SEX Fe | COLOR Wh | ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME † Hannah Kelley

HUSBAND'S NAME † William Mc Guinness

BIRTHPLACE ‡ Ireland

NAME OF FATHER Daniel Kelley

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Hannah not known

BIRTHPLACE OF MOTHER ‡ Irelands

OCCUPATION At Home

INFORMANT § Daughter

PLACE OF BURIAL OR REMOVAL ‖ Lowell St Patricks Cemetery | DATE OF BURIAL Aug 13, 1904

UNDERTAKER C.H. Molloy | ADDRESS Lowell Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Sept 4 1903 to Aug 12th 1904, that to the best of my knowledge and belief death occurred on the date stated above and that the CAUSE OF DEATH was of follows:

Primary: Emphysema

(DURATION) DAYS

Contributory: Asthma

(DURATION) DAYS

(Signed) Jas F. Sorghan M. D.

Aug 12 1904 (Address) 140 Church St Lowell

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

Filed Aug 12, 1904 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME T. Brown Registered No. 37

Place of Death* Chelmsford, Mass.

Date of Death Aug 18 - 1904 Age 1 hour years months days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
M	W	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE‡ Chelmsford, Mass

NAME OF FATHER Frank H Brown

BIRTHPLACE OF FATHER‡ Lowell, Mass.

MAIDEN NAME OF MOTHER Mabel A Ross

BIRTHPLACE OF MOTHER‡ Chelmsford, Mass

OCCUPATION

INFORMANT§ Frank H Brown

PLACE OF BURIAL OR REMOVAL‖ Forefathers Cem. Chelmsford Mass

DATE OF BURIAL Aug 18 1904

UNDERTAKER Walter Perham

ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 1904 to 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Premature Birth

Last 1 hour (DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) Arthur T. Seobois, M.D.

Aug 18 1904 (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

Filed Aug. 20 1904 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Edward Haggerty Registered No. 38

Place of Death* Chelmsford Centre

Date of Death Aug. 25 1904 Age 42 years months days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: Male | COLOR: White | SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE* West Lubec, Me.

NAME OF FATHER John

BIRTHPLACE OF FATHER‡ Ireland

MAIDEN NAME OF MOTHER Mary Lynch

BIRTHPLACE OF MOTHER‡ Lynnville, Me.

OCCUPATION Machinist

INFORMANT§ Mary Haggerty

PLACE OF BURIAL OR REMOVAL‖ Prescott, Me. | DATE OF BURIAL Aug. 26 1904

UNDERTAKER Peter F. Savage | ADDRESS 169 Worthen St Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Aug. 23 1904 to Aug. 25 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pulmonary congestion

(Duration) Days

Contributory: weak heart.

(Duration) Days

(Signed) Amasa Howard, M. D.

Aug. 26 1904 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Aug. 26, 1904 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

e-c 8178

Chelmsford Mass.

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COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Thomas L. Donahoe Registered No. 39

Place of Death * Bellinea St Belvidere Mass.

Date of Death Aug 28. 1904 Age 58 years ... months ... days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAIL

SEX	COLOR	SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~
Male	White	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Lowell Mass.

NAME OF FATHER Michael L. Donahoe

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Ellen Haggarty

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION Machinist

INFORMANT § Florence Donahoe Brother

PLACE OF BURIAL OR REMOVAL ‖ St Patricks Lowell

DATE OF BURIAL Aug 31 1904

UNDERTAKER J F Donnelly & Sons

ADDRESS 324 Market St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Aug. 28 1904 to Aug. 28 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Apoplexy

(DURATION) 12 hours DAYS

Contributory: ...

(DURATION) ... DAYS

(Signed) Almira Howard M. D.

Aug 29 1904 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

Filed Aug 29, 1904 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Chester A Bunstle Registered No. 410

Place of Death* N.B. Chelmsford

Date of Death Sept 2nd 1904 Age years 4 months 22 days

STATISTICAL DETAILS

SEX Male | COLOR W | SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE‡ Tyngsboro

NAME OF FATHER Alford Bunstle

BIRTHPLACE OF FATHER‡ England

MAIDEN NAME OF MOTHER Georgianna Kenney

BIRTHPLACE OF MOTHER‡ Lincoln N H

OCCUPATION —

INFORMANT§

PLACE OF BURIAL OR REMOVAL‖ River Hill Cemetery No Chelmsford

DATE OF BURIAL Sept 3rd 1904

UNDERTAKER J. D. Stottart

ADDRESS No Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190 .... to ..... 190 ....., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Enteritis. I had not seen child but from description & sickness think it the above (DURATION) DAYS

No suspicion of foul play.

Contributory: .....

..... (DURATION) DAYS

(Signed) ..... M.D.

Sept. 2 190 4 (Address) F E Varney

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Sept. 3, 1904 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

208

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Almira W. Symmes Registered No. 41

Place of Death* South Chelmsford, Mass.

Date of Death September 11, 1904. Age 79 years 11 months 8 days

STATISTICAL DETAILS

SEX: Female. | COLOR: White. | ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

MAIDEN NAME† Almira W. Wiley.

HUSBAND'S NAME† Henry Symmes.

BIRTHPLACE‡ Warren, Maine

NAME OF FATHER Robert Wiley.

BIRTHPLACE OF FATHER‡ Belfast, Maine

MAIDEN NAME OF MOTHER Abby Wilson

BIRTHPLACE OF MOTHER‡ Belfast, Maine

OCCUPATION At home.

INFORMANT§ Mrs. E. Andrews

PLACE OF BURIAL OR REMOVAL‖ So Chelmsford

DATE OF BURIAL Sept 13, 1904

UNDERTAKER Dan'l. P. Bryan

ADDRESS So. Chelmsford Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Sept. 8, 1904 to Sept. 10, 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Myocarditis (DURATION) DAYS

Contributory: Senility, - (DURATION) DAYS

(Signed) Arthur T. Scobosia, M.D.

Sept. 11, 1904 (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Sept 14 1904 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK. THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

209

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Sybel H Stickney Registered No. 42

Place of Death * No Chelmsford Mass

Date of Death Sept 21st 1904 Age 72 years 11 months 28 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	White	Married

MAIDEN NAME † Sybel H Henderson

HUSBAND'S NAME † Samuel Stickney

BIRTHPLACE † Dunmerston Vt

NAME OF FATHER Seth Henderson

BIRTHPLACE OF FATHER ‡ Unknown

MAIDEN NAME OF MOTHER Lydia Miller

BIRTHPLACE OF MOTHER ‡ Unknown

OCCUPATION At Home

INFORMANT § D H Henderson No Chelmsford

PLACE OF BURIAL OR REMOVAL ‖ Dunmerston Vt

DATE OF BURIAL Sept 23 1904

UNDERTAKER J A Pembeck

ADDRESS 80 Middlesex Lowell Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ....190.... to Sept. 21st 1904., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Angina Pectoris

5 hours (DURATION) ~~DAYS~~

Contributory: .....

.....(DURATION).....DAYS

(Signed) F E Carver M. D.

Sept. 23 1904 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence..... How long at Place of Death?.....Days

Where was disease contracted, if not at place of death?.....

Filed Sept. 23, 1904 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

210

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Mary A Gookin Registered No. 43

Place of Death * North Chelmsford Mass

Date of Death Sept 23 1904 Age — years 10 months — days

STATISTICAL DETAIL

SEX f | COLOR W | SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ North Chelmsford Mass

NAME OF FATHER James R Gookin

BIRTHPLACE OF FATHER ‡ Lowell

MAIDEN NAME OF MOTHER Catherine Dunigan

BIRTHPLACE OF MOTHER ‡ North Chelmsford Mass

OCCUPATION [illegible]

INFORMANT § James R Gookin

PLACE OF BURIAL OR REMOVAL ‖ St Patrick

DATE OF BURIAL Sept 25 1904

UNDERTAKER Jas H McDermott

ADDRESS 70 Gorham St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Sept 20 1904 to Sept 23 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Cholera Infantum

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) Owen P Nolan M. D.

Sept 24 1904 (Address) 253 Central St Lowell

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

Filed Sept 24 1904 Edward J Robbins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME William Adams Kneeland Registered No. 44

Place of Death * Chelmsford Mass

Date of Death Sept. 28, 1904 Age 65 years 0 months 29 days

STATISTICAL DETAILS

SEX M. | COLOR W | ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡
North Waterford, Maine

NAME OF FATHER
Eben Kneeland

BIRTHPLACE OF FATHER ‡
Bridgton Maine

MAIDEN NAME OF MOTHER
Hannah Tibbets

BIRTHPLACE OF MOTHER ‡
— Vermont

OCCUPATION
Farmer

INFORMANT §
Mrs. Kneeland

PLACE OF BURIAL OR REMOVAL ‖
Chelmsford, Mass. Forefathers' Cemetery

DATE OF BURIAL
Sept. 29 1904

UNDERTAKER
Walter Tucker

ADDRESS
Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Sept., 1902 to Sept., 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Malignant Disease
Of Rectum
About 3 yrs. (DURATION) DAYS

Contributory: (DURATION) DAYS

(Signed) Arthur G. Colon M.D.

Sept 29 1904 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

Filed
Sept. 30 1904 Edward J. Robbins
Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
‖ Name of cemetery.

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MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME James J Brown Registered No. 45

Place of Death * West Chelmsford Mass

Date of Death Oct 6. 1904 Age 5-9 years 4 months 6 days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Male	white	Widowed

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Scotland

NAME OF FATHER Thomas L Brown

BIRTHPLACE OF FATHER ‡ Scotland

MAIDEN NAME OF MOTHER Margret Dick

BIRTHPLACE OF MOTHER ‡ Scotland

OCCUPATION Retired

INFORMANT § Thomas Brown

PLACE OF BURIAL OR REMOVAL ‖ West Chelmsford

DATE OF BURIAL Oct 8 1904

UNDERTAKER E. M. Young Co

ADDRESS 33 Prescott St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from .....1904....to.....1904...., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Pleuritis (Chronic)

.....(DURATION).....DAYS

Contributory: Indefinite Cerebral & Spinal Symptoms Preceded death (DURATION) pre- DAYS

(Signed) J Arthur Gage M. D.

Oct 7 1904 (Address) 64 Cardigan St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence..... How long at Place of Death?.....Days

Where was disease contracted, if not at place of death?.....

Filed Oct 7, 1904 Edward J. Robbins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

City of Lowell 213

RETURN OF A DEATH

FULL NAME Robert Penniman Registered No. 1393

Place of Death* Lowell Hospital Lowell Mass,

Date of Death Oct. 13. 1904 Age 67 years 3 months 26 days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
M.	W.	M.

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Hudson Vt.

NAME OF FATHER — Penniman

BIRTHPLACE OF FATHER ‡ Unknown

MAIDEN NAME OF MOTHER Unknown.

BIRTHPLACE OF MOTHER ‡ Unknown

OCCUPATION Farmer

INFORMANT § Geo. Penniman

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
Edson Cem. Lowell	Oct. 16 1904
UNDERTAKER	ADDRESS
C. M. Young & Co	33 Prescott st

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct. 12 1904 to Oct. 13 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Strangulated Hernia

about 21 (DURATION) DAYS

Contributory: —

— (DURATION) DAYS

(Signed) C. E. Simpson M.D.

Oct 15 1904 (Address) Lowell Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Chelmsford, How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? Chelmsford,

Filed Oct. 17 1904 Girard A. Adman Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

214

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Henry Herbert Emerson. Registered No. 417

Place of Death* Chelmsford, Mass.

Date of Death Oct. 22d, 1904 Age 62 years 9 months 6 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
M.	W.	

MAIDEN NAME† —

HUSBAND'S NAME† —

BIRTHPLACE‡ Chelmsford

NAME OF FATHER Owen Emerson

BIRTHPLACE OF FATHER‡ Chelmsford (?)

MAIDEN NAME OF MOTHER Louisa Littlefield

BIRTHPLACE OF MOTHER‡ —

OCCUPATION Janitor

INFORMANT§ Mrs. Arthur Warren

PLACE OF BURIAL OR REMOVAL‖ Forefathers Cemetery Chelmsford, Mass

DATE OF BURIAL Oct. 25 1904

UNDERTAKER Walter Perham

ADDRESS Chelmsford.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct. 16 1904 to Oct. 22 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Fatty degeneration of the heart.

.....(DURATION).....DAYS

Contributory: .....

.....(DURATION).....DAYS

(Signed) Amasa Howard. M.D.

Oct. 24 1904 (Address) Chelmsford.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence..... How long at Place of Death?.....Days

Where was disease contracted, if not at place of death?.....

Filed Oct. 25 1904 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

215

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

CITY OF LOWELL

FULL NAME ..... **Registered No.** 48

Place of Death * .....

Date of Death ..... **Age** 9 years ..... months ..... days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
M	W	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ‖ | DATE OF BURIAL 190 4

UNDERTAKER | ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from March 1904 to Oct. 24 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the **CAUSE OF DEATH** was of follows:

Primary: Nephritis

one year (DURATION) DAYS

Contributory: Hemiplegia one year

Hemiplegia since March 20 1903 (DURATION) DAYS

(Signed) F. E. Carney M. D.

Oct. 24 1904 (Address) F. E. Carney

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Oct. 25 1904 Edward J. Robbins Jr. **Clerk**

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

216

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Hannah Boardman Registered No. 49

Place of Death * East Chelmsford, Mass.

Date of Death Oct. 26 1904 Age 56 years ..... months ..... days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	White	

MAIDEN NAME † Connell

HUSBAND'S NAME † John Co.

BIRTHPLACE ‡ Ireland

NAME OF FATHER John

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION None

INFORMANT § John L. Boardman

PLACE OF BURIAL OR REMOVAL ‖ St Patricks Cemetery

DATE OF BURIAL Oct 28 1904

UNDERTAKER Edward Savage

ADDRESS 169 Worthen St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feb 1904 to Oct 25 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Apoplexy

Eight months (DURATION) DAYS

Contributory: Loss of function

following Apoplexy (DURATION) DAYS

(Signed) J. W. Thurston M.D. M. D.

Oct 27 1904 (Address) "Runels Bldg"

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Oct. 28 1904 Edward J. Collins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Wizael Lambert Registered No. 880

Place of Death * West Chelmsford Mass.

Date of Death Oct 28 04 Age 78 years 7 months 25 days

STATISTICAL DETAIL

SEX Male | COLOR White | ~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Canada

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER ‡ Canada

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER ‡ Canada

OCCUPATION At Home

INFORMANT § Edmond Lambert

PLACE OF BURIAL OR REMOVAL ‖ St Joseph Cemetery

DATE OF BURIAL Oct 30 1904

UNDERTAKER Joseph Albert

ADDRESS 57 Chevrer

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jany 1904 to Oct 28 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Nephritis

Two year (DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) F E Varney M. D.

Oct 30 190 (Address) N Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed Oct 30 1904 Edward J Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Varney —

Ward 2

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COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Mary Eaton Registered No. 51

Place of Death * Tewksbury

Date of Death Oct 30th 1904 Age 24 years ... months ... days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	White	Married

MAIDEN NAME † Mary Harber

HUSBAND'S NAME † Henry E Eaton

BIRTHPLACE ‡ New Brunswick

NAME OF FATHER Charles A Harber

BIRTHPLACE OF FATHER ‡ N B

MAIDEN NAME OF MOTHER Jane Pendleton

BIRTHPLACE OF MOTHER ‡ N B

OCCUPATION At home

INFORMANT § Charles A Harber

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
Lowell Mass	Nov 3 1904

UNDERTAKER	ADDRESS
J A Kenneth	88 Middlesex

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY ~~that I attended deceased during last illness from ... 190 to ... 190~~, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Homicide

(Pistol shot wound of brain)

... (DURATION) ... DAYS

Contributory: ...

... (DURATION) ... DAYS

(Signed) J W Meigs Assistant Medical Examiner

Nov 1 1904 (Address) 160 Merrimack St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Lowell ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

Filed Nov 2 1904 Edward J Robbins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

Oct 30-

219

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Henry E Eaton Registered No. 52

Place of Death * No Billerica

Date of Death Oct 30th 1904 Age 3 c years months days

STATISTICAL DETAIL

SEX Male | COLOR White | SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Billerica Mass

NAME OF FATHER Wilfred A Eaton

BIRTHPLACE OF FATHER ‡ Newton Mass

MAIDEN NAME OF MOTHER Clarissa M Olney

BIRTHPLACE OF MOTHER ‡ Billerica Mass

OCCUPATION Gardner

INFORMANT § Wilfred A Eaton

PLACE OF BURIAL OR REMOVAL ‖ Billerica Mass | DATE OF BURIAL Nov 3 1904

UNDERTAKER J A Weinbeck & Co | ADDRESS Middlesex

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY ~~that I attended deceased during last illness, from ... 190 ... to ... 190 ...;~~ that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Suicide (Pistol shot wound of brain)

... (DURATION) ... DAYS

Contributory: ...

... (DURATION) ... DAYS

(Signed) J V Meigs Associate Medical Examiner

Nov 1 1904 (Address) 160 Merrimack St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Lowell ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

Filed Nov 2 1904 Edward J Robbins Jr Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME (Stillborn) Bell Registered No. 53

Place of Death * Chelmsford

Date of Death Nov 4 1904 Age — years — months — days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	White	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡
Chelmsford

NAME OF FATHER
Arthur Bell

BIRTHPLACE OF FATHER ‡
New Brunswick

MAIDEN NAME OF MOTHER
Josie Jeffreys

BIRTHPLACE OF MOTHER ‡
Nova Scotia

OCCUPATION
—

INFORMANT §
Mrs W. Jeffrey

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
Edson Cem, Lowell	Nov 5 1904
UNDERTAKER	ADDRESS
Walter Perham	Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov 4, 1904 to ....., 190..., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Premature birth

..... (DURATION) ..... DAYS

Contributory: .....

..... (DURATION) ..... DAYS

(Signed) Walter G Perham M.D.

Nov. 5 1904 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

Filed Nov. 5, 1904 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Louis Gagnon Registered No. 54

Place of Death * North Chelmsford Mass.

Date of Death Nov. 6th 04 Age 80 years — months 7 days

STATISTICAL DETAIL

SEX	COLOR	~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~
Male	White	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Canada

NAME OF FATHER Louis Gagnon

BIRTHPLACE OF FATHER ‡ Canada.

MAIDEN NAME OF MOTHER Emilie Deschene

BIRTHPLACE OF MOTHER ‡ Canada.

OCCUPATION At Home

INFORMANT § Louis Gagnon, Son.

PLACE OF BURIAL OR REMOVAL ‖ St Joseph Cemetery

DATE OF BURIAL Nov. 8 1904

UNDERTAKER Joseph Albert

ADDRESS 57 Cheever

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov 1 1904 to Nov 6 1904 that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Pneumonia

(DURATION) 7 DAYS

Contributory: —

(DURATION) — DAYS

(Signed) L V Rochette M. D.

Nov 6 1904 (Address) 233 Merrimack

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Nov 7 1904 Edward J. Roche Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Probate

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Patrick McEnaney Registered No. 55

Place of Death * North Chelmsford Mass

Date of Death Nov 10 1904 Age 62 years ..... months ..... days

STATISTICAL DETAIL

SEX	COLOR	~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~
Male	W	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Ireland

NAME OF FATHER Patrick McEnaney

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Ann Ward

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION Mill operative

INFORMANT § Sylvester McEnaney

PLACE OF BURIAL OR REMOVAL ‖ St Patrick Lowell

DATE OF BURIAL Nov 12 1904

UNDERTAKER Jas H McDermott

ADDRESS 70 Gorham St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov. 6 1904 to Nov. 10th 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Pneumonia

(DURATION) 4 DAYS

Contributory: .....

(DURATION) ..... DAYS

(Signed) Almasa Howard M. D.

Nov. 10 1904 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Nov. 11 1904 Edward C. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME George Henry Tryder Registered No. 56

Place of Death * Chelmsford, Massachusetts

Date of Death Nov. 17 1904 Age 67 years 1 months days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX	COLOR	~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~
M.	W.	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Halifax, N. S.

NAME OF FATHER George H. Tryder

BIRTHPLACE OF FATHER ‡ Halifax, N. S.

MAIDEN NAME OF MOTHER Margaret Hinley

BIRTHPLACE OF MOTHER ‡ Halifax, N. S.

OCCUPATION Retired.

INFORMANT § Mrs. Geo. H. Tryder

PLACE OF BURIAL ~~OR REMOVAL~~ ‖ Windsor, N. S. DATE OF BURIAL Nov. 20 1904

UNDERTAKER Walter Feltham ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov. 15 1904 to Nov. 17 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Left hemiplegia

(DURATION) 2 DAYS

Contributory: Arterio sclerosis -

(DURATION) DAYS

(Signed) Arthur G. Scobria M.D.

Nov. 18 1904 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Nov. 18 1904 Edward J. Rotton Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

224

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME John Lewis Stuart Registered No. 57

Place of Death * Chelmsford, Mass.

Date of Death Nov. 21 1904 Age 73 years 3 months 19 days

STATISTICAL DETAILS

SEX M. | COLOR W. | ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

MAIDEN NAME † —

HUSBAND'S NAME † —

BIRTHPLACE ‡ Porter, Me.

NAME OF FATHER Samuel Stuart

BIRTHPLACE OF FATHER ‡ Porter, Me.

MAIDEN NAME OF MOTHER Cinna Brooks

BIRTHPLACE OF MOTHER ‡ Porter, Me

OCCUPATION Retired

INFORMANT § Mrs John L Stuart

PLACE OF BURIAL OR REMOVAL ‖ Edson, Cemetery Lowell, Mass. | DATE OF BURIAL Nov. 23, 1904

UNDERTAKER Walter Parham | ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov 1 1904 to Nov 21 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Chronic Bronchitis. several years duration.

(DURATION) ~~DAYS~~

Contributory: Old age (DURATION) 73 years.

(Signed) Amasa L Howard M.D.

Nov. 22 1904 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Nov 22 1904 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Fiske King Parkhurst Registered No. 58

Place of Death* Chelmsford Mass

Date of Death Nov. 23 1904 Age ..... years ..... months 2 days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
M	W	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Chelmsford

NAME OF FATHER Edgar F. Parkhurst

BIRTHPLACE OF FATHER ‡ Chelmsford

MAIDEN NAME OF MOTHER Edith May Bozca

BIRTHPLACE OF MOTHER ‡ Lowell, Mass.

OCCUPATION —

INFORMANT § E. F. Parkhurst

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
Forefathers Cem. Chelmsford	Nov 24 1904
UNDERTAKER Walter Perham	ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov 21, 1904 to Nov 23 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Atelectasis

(DURATION) 2 DAYS

Contributory: Cyanosis Intestinal

(DURATION) 2 DAYS

(Signed) Fenton F. Lewis M.D.

Nov 23 1904 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Nov. 24 1904 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

~~CITY~~ OF ~~LOWELL~~

RETURN OF A DEATH

59

FULL NAME Helena M. Courtney Registered No.

Place of Death * North Chelmsford Mass.

Date of Death Nov 28, 1904 Age 7 years months days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAIL

SEX	COLOR	SINGLE, ~~MARRIED~~, WIDOWED, ~~OR~~ DIVORCED
F	White	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Cambridge Mass.

NAME OF FATHER Not known

BIRTHPLACE OF FATHER ‡ " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION School

INFORMANT § Guardian

Mrs Mary A Kelly

PLACE OF BURIAL OR REMOVAL ‖ St Patricks cemetery Lowell

DATE OF BURIAL Nov 30 1904

UNDERTAKER P. F. Connell & Sons

ADDRESS 324 Merrimack

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov 25th 1904 to Nov 28 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Pleurisy

Four (DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) E Warren M. D.

Nov 29 1904 (Address) 21 Kenwood

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed Nov 30 1904 Edward J. Robbins Com Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

~~CITY~~ OF ~~LOWELL~~

59

FULL NAME Helen M. Courtney **Registered No.**

Place of Death * North Chelmsford Mass.

Date of Death Nov 28, 1904 **Age** 7 years months days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, ~~MARRIED~~, WIDOWED, ~~OR~~ DIVORCED
F	White	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Cambridge Mass.

NAME OF FATHER Not known

BIRTHPLACE OF FATHER ‡ " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION School

INFORMANT § Guardian
Mrs Mary A Kiely

PLACE OF BURIAL OR REMOVAL ‖ St Patricks cemetery Lowell

DATE OF BURIAL Nov 30 1904

UNDERTAKER P. E. Donnelly & Sons

ADDRESS 324 Market St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov 25 1904 to Nov 28 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Pleurisy

four (DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) E E Warren M. D.

Nov 29 1904 (Address) 21 Kenwood

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed Nov 30 1904 Edward J. Robbins Com **Clerk**

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

227

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Mary Maria Sweetser Registered No. 60

Place of Death* Chelmsford (South Chelmsford)

Date of Death Dec 11 1904 Age 74 years 1 months days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX ~~Female~~ F | COLOR W. | ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

MAIDEN NAME † Mary M Spalding

HUSBAND'S NAME † Lorenzo Sweetser

BIRTHPLACE ‡ Chelmsford

NAME OF FATHER Benj Spalding

BIRTHPLACE OF FATHER ‡ Chelmsford

MAIDEN NAME OF MOTHER Polly F. Prescott

BIRTHPLACE OF MOTHER ‡ Westford

OCCUPATION Housewife.

INFORMANT § Sarah Spalding

PLACE OF BURIAL OR REMOVAL ‖ Hartford Cem. So. Chelmsford

DATE OF BURIAL Dec 14 1904

UNDERTAKER Walter Parham

ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec-2 1904 to Dec-11 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pneumonia

Pleurisy

(DURATION) 9 DAYS

Contributory: Valvular Disease of Heart

(DURATION) months DAYS

(Signed) W. J. Sleeper M.D.

Dec 12 1904 (Address) Westford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

Filed Dec. 13 1904 Edward J. Colburn Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Michael L. Donahoe Registered No. 61

Place of Death * Chelmsford Mass.

Date of Death Dec 14 1904 Age 86 years — months — days

STATISTICAL DETAIL

SEX	COLOR	~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~
Male	White	

MAIDEN NAME † —

HUSBAND'S NAME † —

BIRTHPLACE ‡ Ireland

NAME OF FATHER not known

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER not known

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION Retired

INFORMANT § Florence Donahoe Son.

PLACE OF BURIAL OR REMOVAL ‖ St Patricks Lowell Mass

DATE OF BURIAL Dec 17 1904

UNDERTAKER J. O'Donnell & Sons.

ADDRESS 324 Market St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec. 6 1904 to Dec 14 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Bronchitis

(DURATION) 8 DAYS

Contributory: Old age.

(DURATION) DAYS

(Signed) Amasa Howard M. D.

Dec 14 1904 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed DEC 15 1904 Edward J. Robbins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

229

RETURN OF A DEATH

FULL NAME Joseph Welsh Registered No. 62

Place of Death * North Chelmsford Mass

Date of Death Dec 15th 1904 Age 12 hours years months days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Male	White	Single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ North Chelmsford

NAME OF FATHER Michael J Welsh

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Mary A Ward

BIRTHPLACE OF MOTHER ‡ Lowell.

OCCUPATION

INFORMANT § M J Welsh

PLACE OF BURIAL OR REMOVAL ‖ St Patricks Lowell Mass Cem

DATE OF BURIAL Dec 16th 1904

UNDERTAKER M J Welsh

ADDRESS North Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190 .... to Dec 15th 190 4, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cyanosis

..... (DURATION) ..... DAYS

Contributory: .....

..... (DURATION) ..... DAYS

(Signed) F E Varney M.D.

Dec 15 1904 (Address) N. Chelmsford Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Dec. 16 1904 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Robert H. Swift **Registered No.** 63

Place of Death * East Chelmsford Mass

Date of Death Dec 29, 1904 **Age** 37 years 2 months 22 days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Male	white	Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ England

NAME OF FATHER unKnown

BIRTHPLACE OF FATHER ‡ unKnown

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER ‡ unknown

OCCUPATION Laborer

INFORMANT § Widow

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
Edson Cemetery Lowell	Dec 31 1904

UNDERTAKER	ADDRESS
C. M. Young & Co	33 Prescott St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec 25 1904 to Dec 29 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Albuminous Nephritis

.....(DURATION).....DAYS

Contributory: .....

.....(DURATION).....DAYS

(Signed) C. H. Leland M. D.

Dec 29 1904 (Address) Lowell Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence..... How long at Place of Death?.....Days

Where was disease contracted, if not at place of death?.....

Filed

Dec 31 1904 Edward J. Robbins **Clerk**

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Harrison Warren Cheeley Registered No. 1

Place of Death* Chelmsford, Mass.

Date of Death Jan 13th 1905 Age 64 years 10 months 15 days

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL
MARGIN RESERVED FOR BINDING

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Male	White	Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE‡ Gilford N H

NAME OF FATHER Levi Cheeley

BIRTHPLACE OF FATHER‡ Pittsfield N H

MAIDEN NAME OF MOTHER Susan M Clifford

BIRTHPLACE OF MOTHER‡ Gilmanton N H

OCCUPATION Carpenter

INFORMANT§ Harry Cheeley

PLACE OF BURIAL OR REMOVAL‖ W Zoulle Edson Cemetery

DATE OF BURIAL Jan 16th 1905

UNDERTAKER John D Weinbeck

ADDRESS 80 Middle St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct, 1903 to Jan, 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Myocarditis -

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) Arthur G. Scoboria, M.D.

Jan. 14 1905 (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death?

Filed Jan. 14 1905 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Thelmer H Bamm Registered No. 2

Place of Death* No Chelmsford

Date of Death Jan 22 1905 Age 16 years 10 months 22 days

STATISTICAL DETAILS

SEX Male | COLOR W | SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

MAIDEN NAME † —

HUSBAND'S NAME † —

BIRTHPLACE‡ West Sullivan Maine

NAME OF FATHER Alex Bamm

BIRTHPLACE OF FATHER‡ England

MAIDEN NAME OF MOTHER Edith M Thorp

BIRTHPLACE OF MOTHER‡ England

OCCUPATION Student

INFORMANT§

PLACE OF BURIAL OR REMOVAL‖ Westerly R I | DATE OF BURIAL Jan 24 1905

UNDERTAKER James Wotton | ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 190 to Jany 22 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Disease of Heart

died suddenly 3 to 5 minutes (DURATION) DAYS

Contributory: Organic disease of heart.

(DURATION) 3 years DAYS

(Signed) F E Varney M.D.

Jany 23 1905 (Address) North Chelmsford Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Jany 23 1905 Edmund J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Stillborn (Hurlbert) Registered No. 3

Place of Death * Chelmsford

Date of Death Feb 2 1905 Age — years — months — days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	White	

MAIDEN NAME † —

HUSBAND'S NAME † —

BIRTHPLACE ‡
Chelmsford

NAME OF FATHER
Allen Hurlbert

BIRTHPLACE OF FATHER ‡
New Haven Conn.

MAIDEN NAME OF MOTHER
Marguerite M. Monta

BIRTHPLACE OF MOTHER ‡
Montreal Canada

OCCUPATION —

INFORMANT §
Laura Putney

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
Hoxbridge Cem. Chelmsford	Feb 3 1905
UNDERTAKER	ADDRESS
Walter Perham	Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feb 2 1905 to 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Stillborn

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) Arthur G. Scobie M.D.

Feb 3 1905 (Address) Chelmsford Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, If not at place of death?

Filed
Feb 3 1905 Edward J. Robbins
Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
‖ Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

CITY OF LOWELL

FULL NAME Patrick Murray Registered No. 4

Place of Death * East Chelmsford

Date of Death July 3rd 1903 Age 28 years ... months ... days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
male	W	Single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Ireland

NAME OF FATHER Andrew Murray

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Mary O'Leary

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION Undertaker

INFORMANT § Sister

PLACE OF BURIAL OR REMOVAL ‖ St Patricks Lowell

DATE OF BURIAL July 5 1903

UNDERTAKER John J Donnell

ADDRESS 610 Central

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ... 190... to ... 190..., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Frozen to Death

(DURATION) 24 hours DAYS

Contributory: ...

(DURATION) ... DAYS

(Signed) A. C. Smith Med Ex M. D.

Feb 3 1905 (Address) 214 Central St Lowell

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Lowell How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

Filed Feb 4 1905 Edward J Roberts Com Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

235

RETURN OF A DEATH

FULL NAME Lizzie A. S. Vinal Registered No. 5

Place of Death* North Chelmsford, Mass

Date of Death Feb 6, 1905 Age 33 years months days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
female	White	

MAIDEN NAME † Davies

HUSBAND'S NAME † Charles E. Vinal.

BIRTHPLACE ‡ Northboro, Mass.

NAME OF FATHER Richard Davies.

BIRTHPLACE OF FATHER ‡ England.

MAIDEN NAME OF MOTHER Richardson.

BIRTHPLACE OF MOTHER ‡ Northboro

OCCUPATION At Home

INFORMANT §

Charles E. Vinal

PLACE OF BURIAL OR REMOVAL ‖ N. Chelmsford tomb

DATE OF BURIAL Feb 9 1905

UNDERTAKER James S. Wotton

ADDRESS N. Chelmsford Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 1904 to Feb 6th 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Consumption or Tuberculosis

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) F. E. Varney by H M Varney M.D.

Feb 7 1905 (Address) No Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, If not at place of death?

Filed Feb. 8 1905 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Mathilda Lussier **Registered No.** 6

Place of Death * # Chelmsford Mass

Date of Death Feb. 13 - 05 **Age** 87 years 10 months days

STATISTICAL DETAIL

SEX Female | COLOR White | ~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~

MAIDEN NAME † Mathilda Barbeau

HUSBAND'S NAME † Louis Lussier

BIRTHPLACE ‡ Canada

NAME OF FATHER —

BIRTHPLACE OF FATHER ‡ Canada

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER ‡ Canada

OCCUPATION At Home

INFORMANT § J. B. Roberge

PLACE OF BURIAL OR REMOVAL ‖ St Joseph Cemetery

DATE OF BURIAL Feb. 16 1905

UNDERTAKER Joseph Albert

ADDRESS 57 Grove

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan. 2 1905 to Feb. 13. 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Nephritis

(DURATION) 7 4 DAYS

Contributory: —

(DURATION) — DAYS

(Signed) L. H. Roberge M. D.

Feb 14 1905 (Address) 233 Merrimack

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed

Feb 14 1905 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Rochette.

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COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

Registered No. 7

FULL NAME Olivine Bellerose

Place of Death * Chelmsford Center Mass

Date of Death 17 Feb 1905 Age 44 years ... months ... days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
fe	W	M

MAIDEN NAME † Celinné Bastien

HUSBAND'S NAME † David Bellerose

BIRTHPLACE ‡ Canada

NAME OF FATHER Godfroid Bastien

BIRTHPLACE OF FATHER ‡ Canada

MAIDEN NAME OF MOTHER Jenlie Brudhomme

BIRTHPLACE OF MOTHER ‡ Canada

OCCUPATION House Keeper

INFORMANT § Husband

PLACE OF BURIAL OR REMOVAL ‖ St Patrick

DATE OF BURIAL 20 Feb 1905

UNDERTAKER A Archambault

ADDRESS 738 Merrimack

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feb 17 1905 to Feb 17 1905

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Influenza

13 days (DURATION) ... DAYS

Contributory Paralysis of the Heart 1 hour (DURATION) ... DAYS

(Signed) H. Trudeau M. D.

Feb 18 1905 (Address) 464 Merrimack St Lowell

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

Filed Feb 18 1905 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

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MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Maria L Gelphond Registered No. 9

Place of Death * Chelmsford Mass

Date of Death March 5 — 05 Age 19 years 7 months — days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	White	

MAIDEN NAME † Maria Roberge

HUSBAND'S NAME † Joseph Gelphond

BIRTHPLACE ‡ Lowell Mass

NAME OF FATHER Jean B. Roberge

BIRTHPLACE OF FATHER ‡ Canada

MAIDEN NAME OF MOTHER Caroline Lussier

BIRTHPLACE OF MOTHER ‡ Canada

OCCUPATION House-wife

INFORMANT § Joseph Gelphond

PLACE OF BURIAL OR REMOVAL ‖ St Joseph Cemetery Chelmsford

DATE OF BURIAL March 10 1905

UNDERTAKER Joseph [illegible]

ADDRESS [illegible]

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feb 15 1905 to March 5 1905 that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Pneumonia

(DURATION) 2 days

Contributory: —

(DURATION) 5 DAYS

(Signed) A Rochette M. D.

March 5 1905 (Address) 234 Merrimack

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed

Mar. 8 1905 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Presto

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COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Louisa E. Hall Registered No. 10

Place of Death* West Chelmsford Mass

Date of Death March 6, 1905 Age 48 years 6 months — days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	White	Married

MAIDEN NAME † Louisa E Jeffroy

HUSBAND'S NAME † John E Hall

BIRTHPLACE ‡ West Chelmsford

NAME OF FATHER John Jeffroy

BIRTHPLACE OF FATHER ‡ Canada

MAIDEN NAME OF MOTHER Harriet Stirewood

BIRTHPLACE OF MOTHER ‡ England

OCCUPATION at home

INFORMANT § Husband

PLACE OF BURIAL OR REMOVAL ‖ West Chelmsford

DATE OF BURIAL March 9 1905

UNDERTAKER C. M. Young Bro

ADDRESS 33 Prescott st

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from January 1901 to March 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Hodgkins Disease

four years (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) F E Varney M. D.

March 8 1905 (Address) N Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed Mar. 9 1905 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

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MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Albert H. Spaulding Registered No. 11

Place of Death* North Chelmsford Mass

Date of Death March 14. 1905 Age 70 years 8 months 3 days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Male	White	Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Chelmsford Mass

NAME OF FATHER Steven Spaulding

BIRTHPLACE OF FATHER ‡ Chelmsford Mass

MAIDEN NAME OF MOTHER Sabry Blodgett

BIRTHPLACE OF MOTHER ‡ Tyngsboro Mass

OCCUPATION Stone Cutter

INFORMANT § Widow

PLACE OF BURIAL OR REMOVAL ‖ Tyngsboro Mass

DATE OF BURIAL March 16. 1905

UNDERTAKER E. M. Young & Co

ADDRESS 33 Prescott st

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Mar. 7. 1905. to Mar. 14. 1905.; that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Pneumonia

(DURATION) 7 DAYS

Contributory Old age and Pleuritic Effusion

(DURATION) DAYS

(Signed) G. A. Harlow M. D.

Mar. 14. 1905 (Address) Tyngsboro,

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Mar. 16. 1905. Edward J. Robbins Com Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

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COMMONWEALTH OF MASSACHUSETTS

~~CITY OF LOWELL~~

RETURN OF A DEATH

FULL NAME Albert Morrell Registered No. 12

Place of Death* No Chelmsford

Date of Death March 21 05 Age ... years ... months 30 hrs days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAIL

SEX Male | COLOR White | SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ No Chelmsford Mass

NAME OF FATHER John B Morrell

BIRTHPLACE OF FATHER ‡ New Brunswick

MAIDEN NAME OF MOTHER Julia M Pratt

BIRTHPLACE OF MOTHER ‡ Lowell Mass

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ‖ No Chelmsford Riverside Cemetery | DATE OF BURIAL March 23 1905

UNDERTAKER J S Horton | ADDRESS No Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ... 190... to March 21 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Cyanosis

one day (DURATION) ... DAYS

Contributory ...

... (DURATION) ... DAYS

(Signed) F E Varney M. D.

March 22 1905 (Address) N. Chelmsford Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

Filed March 23 1905 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

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COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Albert D. Collier Registered No. 13

Place of Death* No Chelmsford Mass

Date of Death Mar 23rd 1905 Age 17 years 9 months 8 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Male	White	Single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ England

NAME OF FATHER Thomas Dixon

BIRTHPLACE OF FATHER ‡ New York

MAIDEN NAME OF MOTHER Jane Baxter

BIRTHPLACE OF MOTHER ‡ England

OCCUPATION Operative

INFORMANT § Elizabeth Collier

PLACE OF BURIAL OR REMOVAL ‖ No Chelmsford

DATE OF BURIAL Mar 25 1905

UNDERTAKER J. A. Wentbeck

ADDRESS Middlesex

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190.... to ..... 190...., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Cerebro-Spinal Meningitis

(DURATION) 12 hours

Contributory .....

(DURATION) ... DAYS

(Signed): J. A. Wentbeck M. D.

March 24 1905. (Address) 26 E. Central St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Mar. 25 1905 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

Charles Fish Artifacts

1-7-10

Allen 22

244

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Elizabeth J. Spaulding Registered No. 14

Place of Death* North Chelmsford Mass

Date of Death March 23. 1905 Age 69 years 5 months 25 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	white	Widow

MAIDEN NAME † Elizabeth J Cate

HUSBAND'S NAME † Albert H Spaulding

BIRTHPLACE ‡ Hooksett N. H.

NAME OF FATHER Thomas J Cate

BIRTHPLACE OF FATHER ‡ unknown

MAIDEN NAME OF MOTHER Lucy Williams

BIRTHPLACE OF MOTHER ‡ unknown

OCCUPATION at home

INFORMANT §

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Mch 15 1905 to Mch 23 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Pneumonia

Eight (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) F E Varney M. D.

Mch 24 1905 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Mar. 25 1905 Edward J. Robbins Town Clerk.

PLACE OF BURIAL OR REMOVAL ‖ Tyngsboro Mass

DATE OF BURIAL March 26 1905

UNDERTAKER C. M. Young & Co

ADDRESS 33 Prescott St

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

Varney

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Alderton Delia M 16
Audoin, Lillian Marguerite 42
Andrews Elijah 115
Allard ——————— 222

Butterfield Philena D. 3.
Bickford Daniel H. 11
Bryant Ella S. 38
Barlow Betty - 55
Batchelder Mary Ellen 57
Bradley ——————— 59
Byam John 63
Brown Nellie A. 81
Bearce Elijah Dammon 108
Blanchard Sarah E. 122.
Blaisdell Mary M. 123
Bowley James R. 130
Bruns Georgiana 133
Belleroe Marie B. J. 139
Buxton Roy Stillman 152
Bradley John 155
Bourget Joseph Arthur 158
Butters Horace 161
Buzzell Henry H. 179
Brotherston Andrew K. 181
Brennan Johanna 224

Crosby Caroline M. 22
Coughlin Marie Emilee 36
Corr Walter R. 41
Cook Charles R. 56
Cochrane William C. 60
Chandler Warren 86
Constantino Jane Louise 102
Connell Sarah M. 113
Clingan Evelyn 114
Conillard Aurelie 121
Coté Joseph 124
Coburn Henry A. 138
Crowley Julia 153
Collier Beatrice 174
Cole Charles B. 178
Coughlin Corneline 180
Clark Rose Alma 203
Cheney Lloyd H. 205
Carlson Andrew M. 208
Corr ———— 219
Clark Charles Danforth 225

D^r Carteret St George Alfred 33
Driscoll Ellen M 39
Drisee Edmund F. 40
Davis Persis M. 49
Dodge Janet Gay 67
Dutton Eugene H. S. 70
Dunigan Frank 106
Duncan Nathaniel J. 111
Driscoll Michael 129
Duncan Frances M. 200

Emerson Addie E 157

Farrow Verna Ruth	37
Floyd Susan M.	51
Frechette Annize	75
Fay Louise A.	101
Fletcher Benjamin F.	131
Fish Charles F. M.	142

Grant Bessie Parnel	1.
Greenleaf Mary C	2.
Gove Morril Chase	7.
Gilman Fannie E.	18
Garrity Nellie	24
Genest Irine	35
Gilchrist Stacy	46
Gillam Charles	125
Greenwood Lawrence A.	144
Goodell Jotham	146
Gervais Joseph	187
Gifford Marion E.	189
Gervais Joseph Arthur	199

Hunt Ellen Celia 9
Hall Martha 19
Hood Emma J. 61
Harrington Michael 62
Hazen Sarah H 87
Hunt ---- 91
Hunt Olive C. 96
Hegarty Mary 97
Hodges Julia A 99
Holt Mary H. 110
Hadley Persis M. 120
Hyde George 140
Hines Henry 147
Hoyt Rhoda J 154
Handley Faustina 176
Holt Nancy E 183
Heiremy M. Beatrice L. 209
Hunt Susan Baron 223
Hodgman Malvina 228

Jones Reba 6
Jones Annie 182
Johnson Jesse H. 191
Jordon Charles 216

Kennedy James 27
Keyes Mary E. 150
Knowles John A. 156
King James P. 210
Kendrick John 221

Loker Loring 81
Locke George F. 21
Lovering Sarah Ann 26
Lemay Clarence 34
Lee William M. 74
Lewis Esther R. 84
Lambert ——— 107
Legrow Tharsile 141
Lynch Sarah R. 186
Livingston Margaret 188
Lanctot Hazel Louise 196
~~Lovigny Marie Louise 204~~
Lundgren William 211
Lunt Augusta H. 213
Lillis Thomas Larkin 226
Murphy Alice 13.
Manning Mary A. 17
Morris Jennie B. 32
Monahan Benjamin 48
Mayberry Eliza 76
Mackay Stewart 85
Moran John 89
Mansfield John R. 132
Morton William M. 194
Macnutt Vinton R. 195
Monahan Margaret 220
Martin William 227

McQuillan Margaret J. 25
McQuillan Margaret J. 28
McMahon Owen 31
McNulty Matthew 44
McQuillan Charles 68
McQuade Janet 71
McGrath Elizabeth R. 79
McCabe Henry R. 98
McCabe Mary Ann 103
McNulty Michael 126
McGarvey John P. 127
McEnaney Mary A. 137
McCabe James E. 151
McEnaney Patrick H. 160
McCluskey Ann 167
McNally David P. 173
McGarvey Rose 185
McGee Elizabeth T. 197
McInney Rose 201
McEnaney Laurence F. 207
McAdoo Matthew H. 214

Noyes Margaret T. 4
Stoll Cecil H. 80
Stickler Edith A. 136
Stickler Elijah D. 229

O'Neil Mary Madeline 43
O'Neil Patrick J. 72
O'Connor Peter 135

Pickard Allen 5
Parlee Theodore Sidney 10.
Parkhurst Joseph A. 20
Plouffe ---- ---- 52
Perham Henry S. 69
Primeau Rita 100
Park Alexander John 145
Philbrick Alice J. 171
Prescott Oscar Everett 177
Pickard Daniel J. 184
Peed Alonzo 190
Page Fannie L. 193
Prescott Frank 198
Prince Calvin F. 202
Perry Susan Abbott 206

Dingley Mary 66
Robbins Benjamin Osgood 65
Roberts John L. 73
Russell Katherine 78
Ready Mary E 88
Robbins Martin 92
Robinson Maud Augusta 95
Robert Joseph 112
Robert Eva 116
Randlett Susanna D. 134
Reardon Thomas 170
Robbins ---------- 192

Sullivan Thomas 12
Sweet Edgar Eloz 14
Stewart Benjamin S. 29
Stone-Harrikon Howard- 47
Snow Salmon L. 77
Sampson Antoinette F 82
Soderberg Charles E 93
Sweet Almon J. H. 105
Sanderson Samuel O. 117
Szivky Andro 118
Spaulding Solomon 119
Smith Edwice E. 148
Smith Mary Ann 164
Shorey Mary J 212
Sevigny Madie Louise 204

Tucke Amy Beatrice- 50
Tansy Catherine- 53
Thompson John Adelbert 54
Tivey William 58
Trubey Emily M. 159
Thompson John R. 162
Tucke Samuel Raymond 172
Tucker Effie Margaret 175
Talbot Stalline 217
Trambley Celia 218

Upton Peter Kimball 169

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MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

City of Lowell, 1.
Reg. No. 15

RETURN OF A DEATH

FULL NAME Bessie Parnell Grant Registered No. 481

Place of Death * Lowell Gen Hospt Lowell Mass.

Date of Death April 3 1905 Age 27 years — months — days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
F	W.	M.

MAIDEN NAME † Bessie Parnell

HUSBAND'S NAME † Theodore G Grant

BIRTHPLACE ‡ Coatecook Canada.

NAME OF FATHER Charles E. Parnell

BIRTHPLACE OF FATHER ‡ —

MAIDEN NAME OF MOTHER Martha Allen

BIRTHPLACE OF MOTHER ‡ Hooksett N. H.

OCCUPATION

INFORMANT § Husband.

PLACE OF BURIAL OR REMOVAL ‖ Laconia N. H.

DATE OF ~~BURIAL~~ removal Apr 3 1905

UNDERTAKER Walter Perham

ADDRESS Chilmsford.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from — 190 to — 190, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Peritonitis following
ofpuation / Gastro entro Stomy
(DURATION) 3 DAYS

Contributory:
(DURATION) DAYS

(Signed) J Arthur Gage M.D.

— 190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Lo Chelmsford, How long at Place of Death? 38 Days

Where was disease contracted, If not at place of death?

Filed April 4 1905 Edward P. Kittredge
City Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
‖ Name of cemetery.

3.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Philena Dinsmore Butterfield Registered No. 17

Place of Death * West Chelmsford

Date of Death April 7, 1905 Age 78 years 11 months 17 days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	White	Widow

MAIDEN NAME † Philena Dinsmore Fuller

HUSBAND'S NAME † Jonas Colburn Butterfield

BIRTHPLACE ‡ Norridgewock Maine

NAME OF FATHER Alden Fuller

BIRTHPLACE OF FATHER ‡ Unknown

MAIDEN NAME OF MOTHER Melinda Fuller

BIRTHPLACE OF MOTHER ‡ Unknown

OCCUPATION Housekeeper

INFORMANT § Laura G. Hart.

PLACE OF BURIAL OR REMOVAL ‖ West Chelmsford

DATE OF BURIAL April 10th 1905

UNDERTAKER J. A. Steinbeck

ADDRESS Middlesex

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from April 3 1905 to April 7 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Organic disease of Heart

Last sickness 5 days (DURATION) DAYS

Contributory old age

(DURATION) DAYS

(Signed) F E Varney M. D.

April 7 1905 (Address) West Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed April 8 1905 Ernest A. Hall Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

4.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Margaret T. Noyes Registered No. 18

Place of Death * Carlisle St East Chelmsford St

Date of Death April 10 Age 44 years ..... months ..... days

STATISTICAL DETAIL

SEX	COLOR	~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME † Margaret T. Bradley

HUSBAND'S NAME † Wm H Noyes

BIRTHPLACE ‡ Quincy mass

NAME OF FATHER James Bradley

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Mary Allen

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION at Home

INFORMANT § Wm H. Noyes

PLACE OF BURIAL OR REMOVAL ‖ St Patricks Ceem

DATE OF BURIAL April 13 190 5

UNDERTAKER John F Rogers

ADDRESS 445 Gorham St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 8, 1903 to Apr 9, 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Septicaemia.

.....(DURATION).....DAYS

Contributory: Tumor.

.....(DURATION).....DAYS

(Signed) Solon Bartlett, M. D.

April 11 1905 (Address) Lowell, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence..... How long at Place of Death?.....Days

Where was disease contracted, if not at place of death?.....

Filed April 12, 1905. Edward J. Robbins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

5

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Allen Pickard Registered No. 19

Place of Death* Chelmsford Mass

Date of Death April 16. 1905 Age — years 11 months 20 days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Male	white	Single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Chelmsford Mass

NAME OF FATHER George W. Pickard

BIRTHPLACE OF FATHER ‡ Littleton Mass

MAIDEN NAME OF MOTHER Bertha F. Wilson

BIRTHPLACE OF MOTHER ‡ Boston Mass

OCCUPATION

INFORMANT § Father

PLACE OF BURIAL OR REMOVAL ‖ Forefathers Cemetery Chelmsford Mass

DATE OF BURIAL April 18. 1905.

UNDERTAKER C. M. Young Co

ADDRESS 33 Prescott St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Apr. 2 1905 to Apr. 16. 1905, that to the best of my knowledge and belief death occurred on the date stated above and that the CAUSE OF DEATH was of follows:

Primary: Convulsions

(DURATION) 2 DAYS

Contributory Measles

(DURATION) 14 DAYS

(Signed) Amasa Howard M. D.

Apr. 17 1905 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Apr. 18 1905 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

6

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Reba Jones Registered No. 20

Place of Death* North Chelmsford

Date of Death April 18th 1905 Age 25 years 7 months days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	White	Single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Lowell Mass

NAME OF FATHER Thomas Jones

BIRTHPLACE OF FATHER ‡ England

MAIDEN NAME OF MOTHER Elizabeth Caddell

BIRTHPLACE OF MOTHER ‡ England

OCCUPATION Operative

INFORMANT § Thomas Jahn.

PLACE OF BURIAL OR REMOVAL ‖ Lowell Edson Cemetery

DATE OF BURIAL April 19 1905

UNDERTAKER John A Wemlock

ADDRESS 80 Middlesex

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from April 16 1905 to April 18 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Cerebro Spinal Meningitis

2 days (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) F E Varney M. D.

April 18 1905 (Address) North Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed April 18 1905 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

John Robert

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

7.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Morrill Chase Gove Registered No. 21

Place of Death* Chelmsford Centre

Date of Death April 21 1905 Age 81 years 10 months 21 days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Male	White	Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡
Weare N.H.

NAME OF FATHER
Moses Gove

BIRTHPLACE OF FATHER ‡
Weare N.H.

MAIDEN NAME OF MOTHER
Sarah Chase

BIRTHPLACE OF MOTHER ‡
Weare N.H.

OCCUPATION
Engineer

INFORMANT §
Mrs. M.C. Gove

PLACE OF BURIAL OR REMOVAL ‖
Edson Cem. Lowell

DATE OF BURIAL
April 23 1905

UNDERTAKER
Walter Perham

ADDRESS
Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan. 30, 1905 to April 21, 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Epidemic Influenza.

(DURATION) DAYS

Contributory: Exhaustion

About 6 months (DURATION) DAYS

(Signed) Arthur G. Scobord, M.D.

April 22 1905 (Address) Arthur G. Scobord

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed April 23 1905 Edward J. Robbins Com'r Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
‖ Name of cemetery.

8

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Loring Baker Registered No. 22

Place of Death* Chelmsford Mass

Date of Death Thu 28th 1905 Age 94 years 3 months 8 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAIL

SEX Male | COLOR White | SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Wayland Mass

NAME OF FATHER Ebenezer Baker

BIRTHPLACE OF FATHER ‡ Wayland Mass

MAIDEN NAME OF MOTHER Betsey Jenkins

BIRTHPLACE OF MOTHER ‡ Natick Mass

OCCUPATION Farmer

INFORMANT § Geo H. M. Chamberlin

PLACE OF BURIAL OR REMOVAL ‖ Chelmsford | DATE OF BURIAL Thu 30 1905

UNDERTAKER J. A. Wenbeck | ADDRESS Middlesex St Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Apr. 19 1905, to Apr. 28, 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Epidemic Influenza and Bronchitis

(DURATION) 13 DAYS

Contributory Senility

(DURATION) DAYS

(Signed) Arthur T. Seaborn M. D.

Apr. 29, 1905, (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Apr. 29 1905 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of Cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

9.

RETURN OF A DEATH

FULL NAME Ellen Celia Hunt Registered No. 23

Place of Death * Chelmsford Centre

Date of Death May 17 1905 Age 76 years 4 months 10 days

STATISTICAL DETAILS

SEX Female | COLOR White | ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widow

MAIDEN NAME † Ellen Parkhurst

HUSBAND'S NAME † Geo W. Hunt

BIRTHPLACE ‡ Chelmsford

NAME OF FATHER John Parkhurst

BIRTHPLACE OF FATHER ‡ Chelmsford

MAIDEN NAME OF MOTHER Celia Burrows

BIRTHPLACE OF MOTHER ‡ New Ipswich N.H.

OCCUPATION Home

INFORMANT § Mrs. J.E. Warren

PLACE OF BURIAL OR REMOVAL ‖ Concord Mass. Sleepy Hollow Cem.

DATE OF BURIAL May 17 1905

UNDERTAKER Walter Perham

ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190 ..... to ..... 190 ....., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Endocarditis.

..... (DURATION) ..... DAYS

Contributory: .....

..... (DURATION) ..... DAYS

(Signed) Amasa Howard M.D.

May 18 1905 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed May 19 1905 Edward J. Robbins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

10

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Theodore Sidney Parlee. Registered No. 24

Place of Death* Chelmsford Mass.

Date of Death May 17th Age 1 years months 29 days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
male	White	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ E. Amherst mass

NAME OF FATHER Leon F. Parlee

BIRTHPLACE OF FATHER ‡ New Brunswick

MAIDEN NAME OF MOTHER Lillie L. Towne

BIRTHPLACE OF MOTHER ‡ England

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ‖ Pine Ridge Cem. Chelmsford

DATE OF BURIAL May 20, 1905

UNDERTAKER Thomas A. Green

ADDRESS Carlisle, Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 7 1905 to May 17 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pulmonary congestion

(DURATION) 10 DAYS

Contributory:

(DURATION) DAYS

(Signed) Amasa Howard M.D.

May 20 1905 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed May 20 1905 Edward P. Robbins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

11.

RETURN OF A DEATH

FULL NAME Daniel Wyatt Bickford Registered No. 25

Place of Death * So. Chelmsford mass

Date of Death May 22 - 1905 Age 79 years 3 months 26 days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
male	White	Maried

MAIDEN NAME †

HUSBAND'S NAME † Daniel Wyatt Bickford

BIRTHPLACE ‡ Campton N. H.

NAME OF FATHER Joseph Bickford

BIRTHPLACE OF FATHER ‡ Peacham Vt.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER ‡ Unknown

OCCUPATION Retired

INFORMANT § Floyd C. Bickford

PLACE OF BURIAL OR REMOVAL ‖ West Ford Cem So Chelmsford

DATE OF BURIAL May 25 1905

UNDERTAKER Daniel P Byam

ADDRESS So Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from About Oct 1904 to May 23, 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cardiitis

Indefinite (DURATION) DAYS

Contributory: Nephritis

About 6 mnths. (DURATION) DAYS

(Signed) Arthur G. Scobern, M.D.

May 23 1905 (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

Filed May 24 1905 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

mass

12.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Thomas Sullivan Registered No. 26

Place of Death* Chelmsford Mass

Date of Death May 28 1905 Age 32 years — months — days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAIL

SEX Male | COLOR White | SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Boston Mass

NAME OF FATHER Thomas E. Sullivan

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Ellen A. Stanton

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION Laborer

INFORMANT § Father

PLACE OF BURIAL OR REMOVAL ‖ Calvary Cemetary Boston Mass

DATE OF BURIAL May 31 1905

UNDERTAKER C.H. Molloy

ADDRESS Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190.... to ..... 190...., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Alcoholism

Sudden death (DURATION) DAYS

Contributory ..... (DURATION) DAYS

(Signed) J.C. Smith Jr. M.D.

May 29 1905 (Address) 267 Nesmith St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed May 30 1905 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

13

COMMONWEALTH OF MASSACHUSETTS

~~CITY OF LOWELL~~

RETURN OF A DEATH

FULL NAME Alice Murphy Registered No. 27

Place of Death* Princeton & Church North Chelmsford

Date of Death June 4th 1905 Age 31 years — months — day

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Fem	W	married

MAIDEN NAME † alice Whitworth

HUSBAND'S NAME † Michael F Murphy

BIRTHPLACE ‡ Lowell Mass

NAME OF FATHER Thomas Whitworth

BIRTHPLACE OF FATHER ‡ England

MAIDEN NAME OF MOTHER Elisha Dorsey

BIRTHPLACE OF MOTHER ‡ England

OCCUPATION at home

INFORMANT § husband

PLACE OF BURIAL OR REMOVAL ‖ St Patricks

DATE OF BURIAL June 6th 1905

UNDERTAKER John J O'Connell & Co

ADDRESS 1010 Central St Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 3 1905 to June 4 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Ex ha. uterine pregnancy

(DURATION) DAYS

Contributory Surgical Operation

(DURATION) 3 DAYS

(Signed) F E Varney M. D.

June 5 1905 (Address) N Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed June 6 1905 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

14

RETURN OF A DEATH

FULL NAME Edgar Elos Sweet Registered No. 28

Place of Death* Chelmsford, Mass

Date of Death June 5, 1905 Age 16 years 10 months 5 days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
M	W	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Nashua, N. H.

NAME OF FATHER Almon J. W. Sweet

BIRTHPLACE OF FATHER ‡ Potsdam, N. Y.

MAIDEN NAME OF MOTHER Alice Warren

BIRTHPLACE OF MOTHER ‡ Searsport, Maine

OCCUPATION At Home

INFORMANT § A. J. W. Sweet.

PLACE OF BURIAL OR REMOVAL ‖ Pine Ridge Chelmsford, Mass

DATE OF BURIAL June 6 1905

UNDERTAKER Walter Perham

ADDRESS Chelmsford.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 3rd 1905 to June 5th 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cerebro Spinal Meningitis.

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) Amasa Howard M.D.

June 6 1905 (Address) Chelmsford Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed June 6 1905 Edward J. Rottine Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

15

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Maria Zanchi Registered No. 27

Place of Death* West Chelmsford Mass Date of Death June 6 1905

Residence West Chelmsford Mass Age 27 years — months — days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	White	Married

MAIDEN NAME† Maria Farziale

HUSBAND'S NAME† Domenico Zanchi

BIRTHPLACE‡ Italy

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER‡ Italy

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER‡ Italy

OCCUPATION At Home

INFORMANT§ Husband

PLACE OF BURIAL OR REMOVAL‖ West Cemetery West Chelmsford

DATE OF BURIAL June 7 1905

UNDERTAKER George F. Snow

ADDRESS West Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 29 1905 to June 6 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Phlebitis

One week (DURATION) DAYS

Contributory: Mammary Abscess

two weeks (DURATION) DAYS

(Signed) F E Varney M.D.

June 6 1905 (Address) W. Chelmsford Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed June 7 1905 Edward J. Robbins Clerk Town

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

16

RETURN OF A DEATH

FULL NAME Delia M. Alderton Registered No. 30

Place of Death* North Chelmsford

Date of Death June 10 1905 Age 25 years ~~months~~ ~~days~~

STATISTICAL DETAIL

SEX Female | COLOR White | ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME † Delia M. Shields

HUSBAND'S NAME † Robert Alderton

BIRTHPLACE ‡ No Chelmsford

NAME OF FATHER John Shields

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Alice Carroll

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION At Home

INFORMANT § Robert Alderton

PLACE OF BURIAL OR REMOVAL ‖ St Patrick Lowell | DATE OF BURIAL June 12 1905

UNDERTAKER Thos J McDermott | ADDRESS 70 Gorham

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from April 3 1905 to June 10 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: tuberculosis

Four months (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) F E Vanney M. D.

June 10 1905 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed June 12 1905 Edward J. Robbins Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

17.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD.
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Mary A Manning Registered No. 31

Place of Death * East Chelmsford

Date of Death June 18 1905 Age 78 years 6 months 12 days

STATISTICAL DETAIL

SEX	COLOR	~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~
Female	White	

MAIDEN NAME † Mary A Baldwin

HUSBAND'S NAME † Wm Manning

BIRTHPLACE ‡ East Chelmsford

NAME OF FATHER Ezekiel Baldwin

BIRTHPLACE OF FATHER ‡ E Chelmsford

MAIDEN NAME OF MOTHER Mary Frye

BIRTHPLACE OF MOTHER ‡ Unknown

OCCUPATION at Home

INFORMANT § E. A. Bartlett

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
Hope Hill Cemetery Billerica	June 21 1905

UNDERTAKER	ADDRESS
Horace Eda	12 Hurd St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190.... to June 18 190 5, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: .....

Senile Debility

.....(DURATION).....DAYS

Contributory .....

.....(DURATION).....DAYS

(Signed) E. W. Thurston M. D.

June 20 1905 (Address) 407 Merrimack St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence..... How long at Place of Death?.....Days

Where was disease contracted, if not at place of death?.....

Filed June 21 1905 Edward J. Collins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

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COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Fannie E Gilman Registered No. 32

Place of Death* Chelmsford Center

Date of Death June 21st 1905 Age 30 years 9 months 18 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	White	Married

MAIDEN NAME † Fannie E Shannon

HUSBAND'S NAME † Harold W Gilman

BIRTHPLACE ‡ Lyman Maine

NAME OF FATHER Richard Shannon

BIRTHPLACE OF FATHER ‡ Canada

MAIDEN NAME OF MOTHER Cordelia Lemire

BIRTHPLACE OF MOTHER ‡ Hawsburg Vt

OCCUPATION At Home

INFORMANT § Harold W Gilman

PLACE OF BURIAL OR REMOVAL ‖ Edson Cem Lowell Mass

DATE OF BURIAL June 24 1905

UNDERTAKER J A Wennbeck

ADDRESS Middlesex St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Sept 15 1904 to June 21 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Carcinoma Cervix

.....(DURATION).....DAYS

Contributory .....

.....(DURATION).....DAYS

(Signed) James P. McAdam M. D.

June 23 1905 (Address) 24 S Central St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence..... How long at Place of Death?.....Days

Where was disease contracted, if not at place of death?.....

Filed June 23 1905 Edward J. Robbins Jr. Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Martha Hall Registered No. 33

Place of Death * Chelmsford almshouse

Date of Death June 25th 1905 Age ..... years ..... months ..... days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	White	Single

MAIDEN NAME †

HUSBAND'S NAME † Martha Hall

BIRTHPLACE ‡ Chelmsford, Mass.

NAME OF FATHER —

BIRTHPLACE OF FATHER ‡ —

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡ —

OCCUPATION

INFORMANT § Arthur P. Brown

PLACE OF BURIAL OR REMOVAL ‖ Edson Cem

DATE OF BURIAL June 27 1905

UNDERTAKER J W Brooks

ADDRESS Lowell Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 1905 to 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Arteriosclerosis —

(DURATION) DAYS

Contributory: Senility —

(DURATION) DAYS

(Signed) Arthur G Lobosco M. D.

June 26 1905 (Address) Chelmsford Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed

June 26 1905 Edward L Robbins

Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Wallis Hall - 97 -
from Chelmsford -

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20

COMMONWEALTH OF MASSACHUSETTS

~~RE~~TURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Joseph A. Parkhurst Registered No. 37

Place of Death* West Chelmsford Mass Date of Death June 29, 1905

Residence West Chelmsford Mass Age 72 years months days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Male	white	married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡
Dunstable Mass

NAME OF FATHER
Americus Parkhurst

BIRTHPLACE OF FATHER ‡
Dunstable Mass

MAIDEN NAME OF MOTHER
Sally Roby

BIRTHPLACE OF MOTHER ‡
Dunstable Mass

OCCUPATION
Retired

INFORMANT §
Widow

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
West Cemetery West Chelmsford	July 1 1905
UNDERTAKER	ADDRESS
C. M. Young & Co	33 Prescott St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 17 1905 to June 29 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Tuberculosis Meningitis

(DURATION) 12 DAYS

Contributory:

(DURATION) DAYS

(Signed) F E Varney M.D.

July 2 1905 (Address) W. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed July 1 1905 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

21

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME George Franklin Locke Registered No. 35

Place of Death * Chelmsford Center

Date of Death June 30 1905 Age 64 years 3 months 22 days

STATISTICAL DETAILS

SEX	COLOR	~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~
Male	white	Married

MAIDEN NAME † —

HUSBAND'S NAME † —

BIRTHPLACE ‡ Barrington N.H.

NAME OF FATHER Alfred Locke

BIRTHPLACE OF FATHER ‡ Barrington N.H.

MAIDEN NAME OF MOTHER Mary A Scavey

BIRTHPLACE OF MOTHER ‡ Rochester N.H.

OCCUPATION —
Farmer.

INFORMANT §
Mrs Geo. F. Locke.

PLACE OF BURIAL OR REMOVAL ‖ Hart Pond Cem. Sochelmsford

DATE OF BURIAL July 3 1905

UNDERTAKER Walter Perham

ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May-10- 1905 to June 30- 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cancer of Rectum

.....(DURATION).....DAYS

Contributory: .....

.....(DURATION).....DAYS

(Signed) W. F. Locke M.D.

July-1- 1905 (Address) Wrathford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? .....Days

Where was disease contracted, if not at place of death? .....

Filed July 1 1905 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

22

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Caroline M. Crosby Registered No. 36

Place of Death * Chelmsford

Date of Death July 12 1905 Age 95 years 6 months 6 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	white	Widowed

MAIDEN NAME † Caroline Taylor

HUSBAND'S NAME † Ephriam Crosby

BIRTHPLACE ‡ N.H.

NAME OF FATHER Taylor

BIRTHPLACE OF FATHER ‡ —

MAIDEN NAME OF MOTHER Munroe

BIRTHPLACE OF MOTHER ‡ —

OCCUPATION Retired

INFORMANT § Jason Crosby

PLACE OF BURIAL OR REMOVAL ‖ Lowell Cemetery

DATE OF BURIAL July 14 1905

UNDERTAKER Walter Perham

ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 2 1905 to July 12 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Acute Rheumatism

(DURATION) 10 DAYS

Contributory: Old age.

(DURATION) DAYS

(Signed) Amos A. Howard M.D.

July 13 1905 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed July 13 1905 Edward J. Robbins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

23

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME George Parrott Winn Registered No. 37

Place of Death* Chelmsford. Mass.

Date of Death July 16, 1905 Age 66 years — months — days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX M | COLOR W | SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE‡ Salem, Mass

NAME OF FATHER John Winn

BIRTHPLACE OF FATHER‡ Salem, Mass

MAIDEN NAME OF MOTHER Sally Flint

BIRTHPLACE OF MOTHER‡ Salem, Mass

OCCUPATION Retired

INFORMANT§ Marcia Winn

PLACE OF BURIAL OR REMOVAL‖ Salem, Mass | DATE OF BURIAL July 20 1905

UNDERTAKER Walter Perham | ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 15, 1905, to July 16, 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Insolation

(DURATION) DAYS

Contributory: Arterio sclerosis

Endocarditis (DURATION) DAYS

(Signed) Arthur L. Seaborn M.D.

July 17, 1905, (Address) Chelmsford Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed July 17, 1905 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

24

RETURN OF A DEATH

FULL NAME Nellie Garrity

Registered No. 38

Place of Death* Gorham Ext b Methuen

Date of Death July 18th 1905

Age ——— years 4 months ——— days

STATISTICAL DETAIL

SEX F

COLOR W

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

MAIDEN NAME † ———

~~HUSBAND'S NAME~~ ———

BIRTHPLACE ‡ Lowell

NAME OF FATHER Philip S. Garrity

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Ellen McCabe

BIRTHPLACE OF MOTHER ‡ P. E. I.

~~OCCUPATION~~ ———

INFORMANT § Father

PLACE OF BURIAL OR REMOVAL ‖ St Patricks

DATE OF BURIAL July 19 1905

UNDERTAKER C. Hanaffey

ADDRESS Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 17 1905 to July 19 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Cholera Infantum

.....(DURATION).....DAYS

Contributory .....

.....(DURATION).....DAYS

(Signed) W. A Johnson M. D.

7-19 1905 (Address) Lowell Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? .....Days

Where was disease contracted, if not at place of death? .....

Filed July 19, 1905 Edward J. Robbins Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

24.1

RETURN OF A DEATH

FULL NAME Ella Wheeler Registered No. 411

Place of Death * State Hospital, Tewksbury, Mass.

Date of Death July 20, 1905 Age 56 years ——— months ——— days

STATISTICAL DETAILS

SEX	COLOR	~~SINGLE~~ MARRIED, ~~WIDOWED~~ ~~DIVORCED~~
Female	White	

MAIDEN NAME † Ella Gleason

HUSBAND'S NAME † Otis Wheeler

BIRTHPLACE ‡ Chelmsford, Mass.

NAME OF FATHER Humphrey Gleason

BIRTHPLACE OF FATHER ‡ U. S.

MAIDEN NAME OF MOTHER Cornelia Adams

BIRTHPLACE OF MOTHER ‡ U. S.

OCCUPATION Housework

INFORMANT §

PLACE OF BURIAL OR REMOVAL ‖ Chelmsford, Mass.

DATE OF BURIAL July 21 1905

UNDERTAKER John A. Weinbeck

ADDRESS 88 Middlesex St Lowell, Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 7 1905 to July 20 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cerebral Hemorrhage followed by Hemiplegia (left)

4 years (DURATION) DAYS

Contributory: Cerebral Hemorrhage

5 hours (DURATION) DAYS

(Signed) Carl J. Hedin M.D.

July 21 1905 (Address) State Hospital

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? 13 Days

Where was disease contracted, if not at place of death? ?

Filed July 21 1905 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

25

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Margaret F. McQuillan Registered No. 39

Place of Death* East Chelmsford

Date of Death July 18 1905 Age ..... years ..... months 23 hours days

STATISTICAL DETAIL

SEX Female | COLOR White | SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ East Chelmsford

NAME OF FATHER Charles F.

BIRTHPLACE OF FATHER ‡ Lowell Mass.

MAIDEN NAME OF MOTHER Margaret McNulty

BIRTHPLACE OF MOTHER ‡ East Chelmsford

OCCUPATION

INFORMANT § Charles F. McQuillan

PLACE OF BURIAL OR REMOVAL ‖ St. Patricks Cemetery | DATE OF BURIAL July 19 1905

UNDERTAKER E. F. Savage | ADDRESS 169 Worthen St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 1 1905 to July 18 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Cerebritis Hemorrhage

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) James P. McAdams M. D.

July 18 1905 (Address) 295 Central St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed July 18, 1905 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

26

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Sarah Ann Lovering Registered No. 40

Place of Death * Chelsea Ward, Mass.

Date of Death July 26, 1905 Age 39 years 3 months 13 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX F | COLOR W. | ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME † Sarah Ann Wood

HUSBAND'S NAME † Minot Lovering

BIRTHPLACE ‡ Lawrence, Mass.

NAME OF FATHER Jarvis Wood

BIRTHPLACE OF FATHER ‡ England

MAIDEN NAME OF MOTHER Mary Adamson

BIRTHPLACE OF MOTHER ‡ England

OCCUPATION Housewife

INFORMANT § Minot Lovering

PLACE OF BURIAL OR REMOVAL ‖ Pine Ridge Cemetery Chelsea, Mass. | DATE OF BURIAL July 30 1905

UNDERTAKER Walter Perkins | ADDRESS Chelsea

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Aug. 1904 to July 26 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Uterine Cancer.

2 years. (DURATION) ~~DAYS~~

Contributory: No other cause.

(DURATION) DAYS

(Signed) Amasa Howard M.D.

July 28 1905 (Address) Chelsea, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed July 29, 1905 Edward J. Ruthven Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

27

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME James Kennedy Registered No. 41

Place of Death * East Chelmsford Mass

Date of Death July 27, 1905 Age 78 years 7 months — days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAIL

SEX: Male | COLOR: White | SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Ireland

NAME OF FATHER: James Kennedy

BIRTHPLACE OF FATHER ‡: Ireland

MAIDEN NAME OF MOTHER: Margret —

BIRTHPLACE OF MOTHER ‡: Ireland

OCCUPATION: Farmer

INFORMANT §: Daughter

PLACE OF BURIAL OR REMOVAL ‖: Edson Cemetery

DATE OF BURIAL: July 29 1905

UNDERTAKER: C. M. Young & Co

ADDRESS: 33 Prescott St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190.... to ..... 190...., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Cerebral Hemorrhage

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) J. C. Smith M. D.

July 27 1905 (Address) 219 Central St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed July 29 1905 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

MARGIN RESERVED FOR BIN

FILL OUT WITH INK—THIS

28

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Margaret F. McQuillan Registered No. 42

Place of Death* East Chelmsford

Date of Death July 29 1905 Age 25 years — months — days

STATISTICAL DETAIL

SEX	COLOR	~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~
Female	White	

MAIDEN NAME † McNulty

HUSBAND'S NAME † Charles F.

BIRTHPLACE ‡ East Chelmsford

NAME OF FATHER Richard

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Bridget Barrett

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION At Home

INFORMANT § Charles F. McQuillan

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
St Patrick Cemetery	Aug 1st 1905
UNDERTAKER Edward Savage	ADDRESS 169 Worthen St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY, that I attended deceased during last illness, from April 5 1905 to July 29 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Tuberculosis of Lungs

.....(DURATION).....DAYS

Contributory .....

.....(DURATION).....DAYS

(Signed) James P. McAdams M. D.

July 31 1905 (Address) 295 Central St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence..... How long at Place of Death?.....Days

Where was disease contracted, if not at place of death?.....

Filed July 29 1905 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

29

RETURN OF A DEATH

FULL NAME Benjamin S Stewart Registered No. 413

Place of Death* East Chelmsford

Date of Death August 2nd 1905 Age 78 years ... months ... days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Mal	White	Widowed

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡
Hudson

NAME OF FATHER Francis Stewart

BIRTHPLACE OF FATHER ‡ Not Known

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER ‡ " "

OCCUPATION
Engeen

INFORMANT §
Miss Bell Stewart

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
Auburn N H	Aug 5 1905

UNDERTAKER	ADDRESS
John A Wentworth	80 Middle

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 29 1905 to Aug 2nd 1905 that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Intestinal Indigestion

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Dolon Bartlett M. D.

Aug 2 1905 (Address) Lowell, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

Filed Aug 3 1905 Edward J Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

30.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Norman E. Williams. Registered No. 44

Place of Death* South Chelmsford on Baptist Pond

Date of Death Aug 3' 1905 Age 20 years 8 months days

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

MARGIN RESERVED FOR BINDING

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Male	White	Single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Lowell Mass

NAME OF FATHER George H Williams

BIRTHPLACE OF FATHER ‡ Cornish N H

MAIDEN NAME OF MOTHER Hannah McEwan

BIRTHPLACE OF MOTHER ‡ Canada

OCCUPATION Clerk

INFORMANT § George H Williams

PLACE OF BURIAL OR REMOVAL ‖ Edson Cemetery

DATE OF BURIAL Aug 6 1905

UNDERTAKER John H Weinbeck & Son

ADDRESS Lee St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190.... to ..... 190...., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Ac. Drowning

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) H. C. Smith Asst. Co. M. D.

Aug 4 1905 (Address) 7 Lawrence St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 270 Lincoln St Lowell Mass How long at Place of Death? 2 Days

Where was disease contracted, if not at place of death?

Filed Aug. 5 1905 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of Cemetery

90 Prescott de

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

31

RETURN OF A DEATH

FULL NAME Owen McMahon Registered No. 45

Place of Death* Mt. Pleasant Sand Bank North Chelmsford

Date of Death Aug. 11. 1905 Age 55 years ——— months ——— days

STATISTICAL DETAIL

SEX M | COLOR W | ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

~~MAIDEN NAME~~ †

~~HUSBAND'S NAME~~ †

BIRTHPLACE ‡ Ireland

NAME OF FATHER Patrick McMahon

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Catherine Hughes.

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION Foreman

INFORMANT § Brother

PLACE OF BURIAL OR REMOVAL ‖ St Patricks Lowell | DATE OF BURIAL Aug 13 1905

UNDERTAKER C. A. Molloy | ADDRESS Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190.... to ..... 190...., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Suffocation by Sand Bank

Sudden (DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. C. Smith Jnr. M.D.

Aug 11 1905 (Address) 219 Central St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Aug 12 1905 Edward J. Robins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

City of Lowell
32

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Annie L. Morris Registered No. 1198

Place of Death * Middlesex Street Station

Date of Death Aug 8 1905 Age 38 years — months — days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
f	W.	M.

MAIDEN NAME † Annie B. McNaughtin

HUSBAND'S NAME † George F. Morris

BIRTHPLACE ‡ Scotland

NAME OF FATHER Walter McNaughtin

BIRTHPLACE OF FATHER ‡ Scotland

MAIDEN NAME OF MOTHER Jane Black

BIRTHPLACE OF MOTHER ‡ Scotland

OCCUPATION At Home

INFORMANT § Dislin

PLACE OF BURIAL OR REMOVAL ‖ Tyngsboro' Mass. DATE OF BURIAL Aug — 1905

UNDERTAKER C. M. Young & Co ADDRESS 33 Prescott St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from — 190 to — 190, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pistol Shot Wounds

Sudden death (DURATION) DAYS

Contributory: —

(DURATION) DAYS

(Signed) F. C. Trish Med Ex M.D.

Aug 10 1905 (Address) 29 Central St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Chelmsford, How long at Place of Death? Days

Where was disease contracted, If not at place of death?

Filed

Aug 11 1905 Grace M. Fahey City Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

33

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME George Alfred DeCastrett Registered No. 47

Place of Death* No. Chelmsford Dunstable road

Date of Death August 21, 1905 Age — years 6 months 7 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX Male | COLOR White | SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ No Chelmsford

NAME OF FATHER Alford D. Castrett

BIRTHPLACE OF FATHER ‡ No Chelmsford

MAIDEN NAME OF MOTHER Asta Swanwick

BIRTHPLACE OF MOTHER ‡ England

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ‖ No Chelmsford | DATE OF BURIAL Aug 22 1905

UNDERTAKER J S Patton | ADDRESS No Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Aug 16 1905 to Aug 21 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Acute meningitis

(DURATION) 3 DAYS

Contributory: Cholera infantum

(DURATION) 6 DAYS

(Signed) G S A Harlow M.D.

Aug 21 1905 (Address) Tyngsboro

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Aug 22 1905 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

34

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Clarence Lemay Registered No. 48

Place of Death* North Chelmsford Date of Death Aug 22nd 1905

Residence North Chelmsford Age 4 years 5 months 10 days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~
Male	White	

MAIDEN NAME† —

HUSBAND'S NAME† —

BIRTHPLACE‡ West Chelmsford

NAME OF FATHER Joseph Lemay

BIRTHPLACE OF FATHER‡ Canada

MAIDEN NAME OF MOTHER Susie Fournier

BIRTHPLACE OF MOTHER‡ North Ware Mass

OCCUPATION At Home

INFORMANT§ Joseph Lemay

PLACE OF BURIAL OR REMOVAL‖	DATE OF BURIAL
St Joseph's	Aug 23 1905
UNDERTAKER	ADDRESS
Joseph Albert	57 Chaver

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Aug 18 1905 to Aug 21 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Tuberculous Meningitis

duration 3 days

Contributory: .....

(DURATION) ..... DAYS

(Signed) F E Varney M.D.

Aug. 22 1905 (Address) N. Chelmsford.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? ..... years ..... months ..... days

Where was disease contracted, If not at place of death? .....

Filed Aug. 23 1905 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

35

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

Registered No. 49

FULL NAME Irene Genest

Place of Death * Chelmsford Centre Warren Ave

Date of Death Sept. 17 **Age** ____ years ____ months 14 days

STATISTICAL DETAIL

SEX: M Female | COLOR: White | SINGLE, MARRIED, WIDOWED, OR DIVORCED: ____

MAIDEN NAME †: ____

HUSBAND'S NAME †: ____

BIRTHPLACE ‡: Chelmsford

NAME OF FATHER: J. Amedee Genest

BIRTHPLACE OF FATHER ‡: Canada

MAIDEN NAME OF MOTHER: Georgiana Provencher

BIRTHPLACE OF MOTHER ‡: Rhode Island

OCCUPATION: ____

INFORMANT §: Father

PLACE OF BURIAL OR REMOVAL ‖: St. Joseph

DATE OF BURIAL: Sep. 18 1905

UNDERTAKER: Nap. Bilodeau

ADDRESS: Lowell Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Sept 14 1905 to ____ 190____, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Broncho-pneumonia

____ (DURATION) ____ DAYS

Contributory ____

____ (DURATION) ____ DAYS

(Signed) Arthur G. Scobora M. D.

Sept. 18 1905 (Address) Chelmsford Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ____ Days

Where was disease contracted, if not at place of death? ____

Filed Sept 18 1905 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

36

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Marie Emilie Coughlin Registered No. 50

Place of Death* # North Chelmsford Mass

Date of Death Sept 17 — 05 Age ... years 7 months 10 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

STATISTICAL DETAIL

SEX	COLOR	SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED ~~DIVORCED~~
F.	W.	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ North Chelmsford.

NAME OF FATHER Martin L. Coughlin

BIRTHPLACE OF FATHER ‡ Lowell

MAIDEN NAME OF MOTHER Rosie Gauthier

BIRTHPLACE OF MOTHER ‡ Lowell

OCCUPATION ~~At~~ At Home

INFORMANT § Martin L. Coughlin

PLACE OF BURIAL OR REMOVAL ‖ St Joseph's

DATE OF BURIAL Sept 18 ....190..5

UNDERTAKER Joseph Albert

ADDRESS 57 Beaver

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190.... to Sept 16 190 5, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: malnutrition

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) F E Varney M. D.

Sept 17 1905 (Address) N. Chelmsford Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Sept 18 1905 Edward J. Robbins Clerk.

•City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

37

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Verna Ruth Farrow Registered No. 51

Place of Death* North Chelmsford Date of Death Sept 20 1905

Residence ... Age ... years 6 months ... days

STATISTICAL DETAILS

SEX female | COLOR White | SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Lowell

NAME OF FATHER Samuel Farrow

BIRTHPLACE OF FATHER ‡ St John N.B.

MAIDEN NAME OF MOTHER Lina Laundry

BIRTHPLACE OF MOTHER ‡ Lowell

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ‖ Riverside Cem 210 Chelmsford

DATE OF BURIAL Sept 21 1905

UNDERTAKER J J Potter

ADDRESS North Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Sept 18 1905 to Sept 20 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Marasmus

since birth (DURATION) DAYS

Contributory: ...

(DURATION) DAYS

(Signed) F E Varney M.D.

Sept 21 1905 (Address) N Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? ... years ... months ... days

Where was disease contracted, if not at place of death? ...

Filed Sept. 21 1905 Edward J. Robbins Jr. Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

38

RETURN OF A DEATH

(CITY OR TOWN.) .....

FULL NAME Ella S Bryant Registered No. 52

Place of Death* West Chelmsford Date of Death Sept 30th 1905

Residence " " Age 28 years " months days

STATISTICAL DETAILS

SEX f | COLOR White | ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME† Ella S Carlson

HUSBAND'S NAME† Gustava Bryant

BIRTHPLACE‡ Sweden

NAME OF FATHER Erick Carlson

BIRTHPLACE OF FATHER‡ Sweden

MAIDEN NAME OF MOTHER augusta Carlson

BIRTHPLACE OF MOTHER‡ Sweden

OCCUPATION at Home

INFORMANT§ Husband

PLACE OF BURIAL OR REMOVAL‖ Edson Cem Lowell | DATE OF BURIAL Oct. 2 1905

UNDERTAKER E A Young | ADDRESS Lowell Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Sept 17 1905 to Sept 30 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pulmonary Tuberculosis

one year (DURATION) DAYS

Contributory: .....

(DURATION) DAYS

(Signed) F E Varney M.D.

Oct 2 1905 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed Oct. 2 1905 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

City of Lowell. 39

RETURN OF A DEATH

FULL NAME Ellen M Driscoll Registered No. 1517

Place of Death * St Johns Hospl Lowell Mass.

Date of Death Octo 9. 1905 Age 43 years — months — days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
F.	W.	S.

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Chelmsford Mass.

NAME OF FATHER Michael Driscoll

BIRTHPLACE OF FATHER ‡ Ireland.

MAIDEN NAME OF MOTHER Mary Haley

BIRTHPLACE OF MOTHER ‡ Ireland.

OCCUPATION Operative

INFORMANT § Michael Driscoll

PLACE OF BURIAL OR REMOVAL ‖ St Patrick Cem. Lowell

DATE OF BURIAL Oct. — 1905

UNDERTAKER F. H. McDermott

ADDRESS 70 Gorham st

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Aug 8 1905 to Octo 9 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Tuberculosis of the Hip

(DURATION) — DAYS

Contributory: —

(DURATION) DAYS

(Signed) Francis A Gregg M.D.

Oct. 10 1905 (Address) St Johns Hospl

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Chelmsford. How long at Place of Death? 2 Mos Days

Where was disease contracted, if not at place of death? —

Filed Oct. 11 1905 Girard P. Nadeau City Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.) ....

FULL NAME Edmund F. Dupee Registered No. 54

Place of Death* So. Chelmsford Date of Death Oct 12 1905

Residence So. Chelmsford Age 79 years months 19 days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Male	White	Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Westford Mass

NAME OF FATHER William Dupee

BIRTHPLACE OF FATHER ‡ Wrentham Mass

MAIDEN NAME OF MOTHER Catherine Tufts

BIRTHPLACE OF MOTHER ‡ Billerica Mass

OCCUPATION Farmer

INFORMANT § Mrs. Edmund F. Dupee

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
Westford	Oct 15 1905

UNDERTAKER	ADDRESS
David P. Ryan	Lowell Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct 16 1905 to Oct 12 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Paralysis

(DURATION) 2 DAYS

Contributory: Mitral disease of Heart (DURATION) Years DAYS

(Signed) W. F. Keeler M.D.

Oct 12 1905 (Address) Westford Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? ..... years ..... months ..... days

Where was disease contracted, If not at place of death? .....

Filed Oct 14 1905 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Walter R Carr Registered No. 65

Place of Death* Chelmsford Centre

Date of Death Oct 13th 1905 Age ~ years ~ months 13 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Male	White	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Chelmsford

NAME OF FATHER John Carr

BIRTHPLACE OF FATHER ‡ St John N B

MAIDEN NAME OF MOTHER Lizzie Miller

BIRTHPLACE OF MOTHER ‡ Lowell Mass

OCCUPATION

INFORMANT § Lizzie Miller

PLACE OF BURIAL OR REMOVAL ‖ Edson Cemetery Lowell

DATE OF BURIAL Oct 14 1905

UNDERTAKER John A Weinbeck & Son

ADDRESS Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ~ 190... to ~ 190..., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Premature Birth

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) O K Porter M. D.

Oct 13 1905 (Address) 253 Central

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

Filed Oct 14 1905 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

42

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Lillian Marguerite Audoin Registered No. 56

Place of Death * Woods Corner North Chelmsford

Date of Death Oct 15, 1905 Age years 10 months 19 days

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

MARGIN RESERVED FOR BINDING

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	White	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ North Chelmsford

NAME OF FATHER Gabriel Audoin

BIRTHPLACE OF FATHER ‡ England

MAIDEN NAME OF MOTHER Ada Maria Langlois

BIRTHPLACE OF MOTHER ‡ England

OCCUPATION

INFORMANT § Gabriel Audoin

PLACE OF BURIAL OR REMOVAL ‖ St Patricks Cemetery

DATE OF BURIAL Oct 17 1905

UNDERTAKER Peter H. Savage

ADDRESS 169 Worthen St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct 12 1905 to Oct 15 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Tubercular Meningitis

2 to 3 wks (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) F C Varney M. D.

Oct 15 1905 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed Oct 16 1905 Edward J. Robbins Town Clerk.

• City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

43

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Mary Madeline O'Neil Registered No. 57

Place of Death* 1 Edmund St North Chelmsford

Date of Death Oct 16, 1905 **Age** — years 5 months — days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR DIVORCED
Female	White	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ North Chelmsford

NAME OF FATHER George F. O'Neil

BIRTHPLACE OF FATHER ‡ N. Chelmsford

MAIDEN NAME OF MOTHER Sarah M. Coy

BIRTHPLACE OF MOTHER ‡ North Chelmsford

OCCUPATION —

INFORMANT § Father.

PLACE OF BURIAL OR REMOVAL ‖ Privet St Patrics cemetery

DATE OF BURIAL Oct 17 1905

UNDERTAKER J. H. O'Donnell & Son

ADDRESS 33 & 35 Merrimack St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Sept-12 1905 to Oct-16 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Meningitis

one week (DURATION) DAYS

Contributory Dysentery

4 weeks (DURATION) DAYS

(Signed) F. E. Carney M. D.

Oct-16 1905. (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Oct. 17 1905 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

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MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Matthew H. Faulty Registered No. 58

Place of Death* East Chelmsford

Date of Death Oct 29 1905 Age 59 years — months — days

STATISTICAL DETAIL

SEX male | COLOR White | SINGLE, ~~MARRIED,~~ ~~WIDOWED, OR~~ ~~DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Chelmsford

NAME OF FATHER Michael H. Faulty

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Bridget Barrett

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION Farmer

INFORMANT § Michael H. Faulty Brother

PLACE OF BURIAL OR REMOVAL ‖ Chelmsford cemetery | DATE OF BURIAL Oct 31 1905

UNDERTAKER F. O'Donnell & Son | ADDRESS 32-4 Merrimack St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190.... to ..... 190...., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Pulmonary Tuberculosis

(DURATION) 1½ DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) ..... M. D.

..... 190.... (Address) .....

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Oct. 30, 1905 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

45

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Marcia Hunt Winn Registered No. 59

Place of Death* Chelmsford, Mass.

Date of Death Oct. 28 1905 Age 86 years 1 months days

STATISTICAL DETAILS

SEX F. | COLOR W | SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE‡ Salem, Mass.

NAME OF FATHER John Winn

BIRTHPLACE OF FATHER‡ Salem, Mass

MAIDEN NAME OF MOTHER Sally Flint

BIRTHPLACE OF MOTHER‡ Salem, Mass.

OCCUPATION

INFORMANT§ Mary Winn

PLACE OF BURIAL OR REMOVAL‖ Harmony Grove, Salem, Mass

DATE OF BURIAL Nov. 1 1905

UNDERTAKER Walter Perham,

ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Sept. 16 1905 to Oct. 28 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Valvular Heart Disease and Myocarditis

Indefinite – (DURATION) DAYS

Contributory: Senility –

(DURATION) DAYS

(Signed) Arthur G. Scobria, M.D.

Oct. 30, 1905. (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Oct. 31, 1905 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

46

RETURN OF A DEATH

FULL NAME Mrs Nancy Gilchrist

Registered No. 60

Place of Death* North Chelmsford Mass

Date of Death Nov 10th 1905 **Age** 81 years ... months ... days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
F	W	widow

MAIDEN NAME † Nancy Gale

HUSBAND'S NAME † George G Gilchrist

BIRTHPLACE ‡ Buxton Me

NAME OF FATHER Samuel Gale

BIRTHPLACE OF FATHER ‡ Buxton Me

MAIDEN NAME OF MOTHER Annie Harmon

BIRTHPLACE OF MOTHER ‡ Buxton Me

OCCUPATION At Home

INFORMANT § Grandson

PLACE OF BURIAL OR REMOVAL ‖ Lowell Cemetery

DATE OF BURIAL Nov 12 1905

UNDERTAKER J B Currier

ADDRESS 58 Prescott St Lowell

F E Barney

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov 4 1905 to Nov 10th 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Cerebral Hemorrhage

(DURATION) 6 DAYS

Contributory

(DURATION) DAYS

(Signed) F E Barney M. D.

Nov 10 1905 (Address) N Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

Filed Nov 11 1905 Edward J Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

47

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Harrison Howard Stone Registered No. 61

Place of Death * Chelmsford Centre

Date of Death November 12 1905 Age 16 years 10 months 18 days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Male	White	X

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡
Chelmsford

NAME OF FATHER
Willard D Stone

BIRTHPLACE OF FATHER ‡
Jaffrey N.H.

MAIDEN NAME OF MOTHER
Emma Lepine

BIRTHPLACE OF MOTHER ‡
London Eng.

OCCUPATION
—

INFORMANT §
Mrs Emma Stone.

PLACE OF BURIAL OR REMOVAL ||
Chelmsford Centre Cemetery

DATE OF BURIAL
Nov 13 1905

UNDERTAKER
Walter Perham

ADDRESS
Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov. 9, 1905 to Nov. 12, 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:
Cerebro-spinal Meningitis
(DURATION) DAYS

Contributory:
(DURATION) DAYS

(Signed) Arthur L. Scobria, M.D.

Nov. 12, 1905 (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

Filed
Nov. 12 1905 Edward J. Robbins
Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
|| Name of cemetery.

48

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

Registered No. 62

FULL NAME Benjamin Monahan

Place of Death* North Chelmsford

Date of Death Nov 13, 1905 Age 33 years ~ months ~ days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
male	White	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ North Chelmsford

NAME OF FATHER James N. Monahan

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Margaret Lynch

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION Iron Moulder

INFORMANT § Father

PLACE OF BURIAL OR REMOVAL ‖ St Patricks Cemetery

DATE OF BURIAL Nov 15 1905

UNDERTAKER James F. Donnelly & Son

ADDRESS 324 Market St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov 12 1905 to Nov 13 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Pneumonia

(DURATION) 5 DAYS

Contributory

(DURATION) DAYS

(Signed) F E Varney M. D.

Nov. 13 1905 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Nov. 14 1905 Edward J. Robbins Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

49

COMMONWEALTH OF MASSACHUSETTS

Chelsea
(CITY OR TOWN)

RETURN OF A DEATH

FULL NAME Persis M. Davis Registered No. 63

Place of Death* Chelsea Fond, Mass. Date of Death Nov. 17 1905

Residence Chelsea Fond, Mass. Age 74 years 6 months 12 days

STATISTICAL DETAILS

SEX 7. | COLOR W. | ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME † Persis M. Griffin

HUSBAND'S NAME † Henry P. Davis

BIRTHPLACE‡ Methuen, Mass.

NAME OF FATHER Josiah Griffin

BIRTHPLACE OF FATHER‡ Methuen

MAIDEN NAME OF MOTHER Lydia Baker.

BIRTHPLACE OF MOTHER‡ Methuen

OCCUPATION At Home

INFORMANT§ Albert H. Davis

PLACE OF BURIAL OR REMOVAL‖ Forestdales, Chelsea | DATE OF BURIAL Nov. 20 1905

UNDERTAKER Walter Perham | ADDRESS Chelsea

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Sept. 1905 to Nov. 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Heart disease (DURATION) DAYS

Contributory: (DURATION) DAYS

(Signed) Owen P. Porter M.D.

Nov. 18 1905 (Address) 253 Central

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Nov. 19 1905 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

370

RETURN OF A DEATH

No Chelmsford
(CITY OR TOWN.)

FULL NAME Amy Beatrice Tucker. Registered No. 64

Place of Death* No. Chelmsford Date of Death Nov. 26 1905

Residence " " Age — years 1 months — days

STATISTICAL DETAILS

SEX Fe. | COLOR W. | SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

MAIDEN NAME † —

HUSBAND'S NAME † —

BIRTHPLACE ‡ No Chelmsford

NAME OF FATHER Edward D. Tucker

BIRTHPLACE OF FATHER ‡ No Fayette Me.

MAIDEN NAME OF MOTHER Catherine Cannon

BIRTHPLACE OF MOTHER ‡ Lowell

OCCUPATION —

INFORMANT § Father.

PLACE OF BURIAL OR REMOVAL ‖ St. Patricks Lowell | DATE OF BURIAL Nov 27 1905

UNDERTAKER Chas H Holley | ADDRESS Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ~~190~~ to Nov 26 190, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: No medical attendance
No person saw child die
Justifiable decided by Convulsions
(DURATION) DAYS
death found, Have been Dead Hrs

Contributory: —
(DURATION) DAYS

(Signed) F E Varney Agt-Board of Health M.D.

Nov 26 1905 (Address) N. Chelmsford,

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Nov. 27 1905 Edward J. Robbins Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

57

RETURN OF A DEATH

FULL NAME Mrs Susan An Floyd **Registered No.** 65

Place of Death * North Chelmsford Mass

Date of Death Nov 27 1905 **Age** 92 years 1 months 4 days

STATISTICAL DETAIL

SEX	COLOR	~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~
F.	W.	

MAIDEN NAME † Susan Macfarlane Bushee

HUSBAND'S NAME † ~~Bushee~~ Daniel Floyd

BIRTHPLACE ‡ Belfast Me

NAME OF FATHER Joseph Buskee

BIRTHPLACE OF FATHER ‡ Canada Warner N.H.

MAIDEN NAME OF MOTHER Deborah Welch

BIRTHPLACE OF MOTHER ‡ (Unknown) Maine

OCCUPATION At home

INFORMANT § Son

PLACE OF BURIAL OR REMOVAL ‖ Billerica Mass

DATE OF BURIAL Dec. 1 1905

UNDERTAKER J B Currier

ADDRESS 58 Prescott St Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from time to time 1900 to Sept 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Old age – Gradual failure of all the faculties (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) F Forrest Martin, M. D.

Nov 27 1905 (Address) 19 Paige St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Nov. 28 1905 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

Dr Martin

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

52

RETURN OF A DEATH

FULL NAME Still Born — Plouffe — **Registered No.** 66

Place of Death* Chelmsford Center

Date of Death Dec 5 — 05 **Age** — years — months — days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~
male	White	

MAIDEN NAME † —

HUSBAND'S NAME † —

BIRTHPLACE ‡ Chelmsford Center

NAME OF FATHER Sam Plouffe

BIRTHPLACE OF FATHER ‡ Canada

MAIDEN NAME OF MOTHER Euphemie Bernier

BIRTHPLACE OF MOTHER ‡ Canada

OCCUPATION At Home

INFORMANT § Sam Plouffe

PLACE OF BURIAL OR REMOVAL ‖ St Joseph's

DATE OF BURIAL Dec 7 1905

UNDERTAKER Joseph Albert ADDRESS 57 Church

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190.... to ..... 190...., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Still Born

.....(DURATION).....DAYS

Contributory .....

.....(DURATION).....DAYS

(Signed) L. E. Schullen M. D.

Dec. 6 1905 (Address) 510 Merrimack

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? .....Days

Where was disease contracted, if not at place of death? .....

Filed Dec. 6 1905 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

Schiller

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

53

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

RETURN OF A DEATH

FULL NAME Athens Yancy Registered No. 67

Place of Death* Mt Pleasant Retreat Asylum Chelmsford

Date of Death December 6th 1905 **Age** 35 years — months — days

STATISTICAL DETAIL

SEX	COLOR	~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED
Female	White	

MAIDEN NAME † Catherine McCabe

HUSBAND'S NAME † Patrick Yancy

BIRTHPLACE ‡ Ireland

NAME OF FATHER Terence McCabe

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Ann McCabe

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION At Home

INFORMANT § Sister Anne McCabe

PLACE OF BURIAL OR REMOVAL ‖ St Patrics Cemetery Lowell

DATE OF BURIAL Dec 9 1905

UNDERTAKER J. F. O'Donnell Bro.

ADDRESS 34 Market St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov 27 1905 to Dec 6 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Pneumonia

(DURATION) 6 DAYS

Contributory Acute Bright Disease

(DURATION) 3 or 4 wks DAYS

(Signed) F E Yancy M. D.

Dec 7 1905 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Dec. 8 1905 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

54

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME John Adelbert Thompson Registered No. 68

Place of Death* Chelmsford Centre Date of Death December 15 1905

Residence Chelmsford " Age 0 years 1 months 26 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Male	White	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Chelmsford

NAME OF FATHER John E. Thompson

BIRTHPLACE OF FATHER ‡ Chelsea, Nova Scotia

MAIDEN NAME OF MOTHER Mariah D. Bolsar

BIRTHPLACE OF MOTHER ‡ Mount Hanley, N.S.

OCCUPATION —

INFORMANT §

PLACE OF BURIAL OR REMOVAL ‖ Receiving Tomb Chelmsford Ctr. Removed to Carlisle

DATE OF BURIAL Dec 17 1905

UNDERTAKER Walter Perham

ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, ~~from~~ Dec. 15 1905 ~~to~~ ~~1905~~ that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Accidental Asphyxia (Smothered while asleep in bed.) (DURATION) DAYS

Contributory: (DURATION) DAYS

(Signed) Thomas Howard M.D.

Dec. 16 1905 (Address) Chelmsford Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Dec. 18 1905 Edward J. Robbins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

55

RETURN OF A DEATH

FULL NAME Betty Barlow Registered No. 69

Place of Death* West Chelmsford Mass

Date of Death December 18, 1905. Age 83 years 5 months 3 days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	White	Widow

MAIDEN NAME † Betty Lunn

HUSBAND'S NAME † William Barlow

BIRTHPLACE ‡ England

NAME OF FATHER David Lunn

BIRTHPLACE OF FATHER ‡ England

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER ‡ England

OCCUPATION At Home

INFORMANT § Jos. E. Marshall

PLACE OF BURIAL OR REMOVAL ‖ West Chelmsford

DATE OF BURIAL Dec 20 1905.

UNDERTAKER J. A. Weinbeck

ADDRESS 88 Middlesex

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec 9 1905 to Dec 17 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Apoplexy

(DURATION) 8 DAYS

Contributory Senility

(DURATION) DAYS

(Signed) F. E. Varney M. D.

Dec 18 1905 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Dec. 19 1905 Edward J. Rollins Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

City of Lowell, 256

RETURN OF A DEATH

FULL NAME Charles R. Cook Registered No. 1828

Place of Death* St. Johns Hosp. Lowell

Date of Death Dec. 17 1905 Age 58 years 1 months — days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
M	W.	M.

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Lebanon

NAME OF FATHER Nelson Cook

BIRTHPLACE OF FATHER ‡ Vermont

MAIDEN NAME OF MOTHER — Proctor

BIRTHPLACE OF MOTHER ‡ Unknown

OCCUPATION Laborer

INFORMANT § Fred E Cook

PLACE OF BURIAL OR REMOVAL ‖ Chelmsford Mass

DATE OF BURIAL Dec 19 1905

UNDERTAKER J. H. Brooks

ADDRESS Lowell.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190 .... to ..... 190 ...., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Suicide by illuminating Gas

..... (DURATION) ..... DAYS

Contributory: —

..... (DURATION) ..... DAYS

(Signed) F. V. Meigs Asst Med Ex M.D.

Dec 19 1905 (Address) 160 Merrimack St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Chelmsford How long at Place of Death? — Days

Where was disease contracted, If not at place of death? —

Filed Dec 20 1905 [illegible] Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

57

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Mary Ellen Batchelder Registered No. 71

Place of Death* Chelmsford, Mass Date of Death Dec. 25 1905

Residence Chelmsford, " Age 50 years 5 months 1 days

STATISTICAL DETAILS

SEX ~~M~~ F | COLOR W | ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME† Mary E. Dennett.

HUSBAND'S NAME† Frank H. Batchelder

BIRTHPLACE‡ Pittsfield N. Hb.

NAME OF FATHER Jeremiah W. Dennett.

BIRTHPLACE OF FATHER‡ Gilmanton, N. H.

MAIDEN NAME OF MOTHER Sophia Nelson

BIRTHPLACE OF MOTHER‡ Portsmouth, N. H.

OCCUPATION At Home

INFORMANT§ Frank H. Batchelder

PLACE OF BURIAL OR REMOVAL‖ Lowell Cemetery, Lowell, Mass. | DATE OF BURIAL Dec. 27 1905

UNDERTAKER Walter Perham | ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 190 to Dec 24 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pulmonary Tuberculosis

Indefinitely - More than 3 yrs - (DURATION) DAYS

Contributory: Tuberculous Laryngitis.

Almost a year (DURATION) DAYS

(Signed) Arthur L. Scobie, M.D.

Dec 26 1905 (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Dec 27 1905 Edward J. Robbins Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

58

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME William Tivey Registered No. 72

Place of Death* Concord River Date of Death Dec 27 1905

Residence Billerica Mass Age 11 years 6 months 28 days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Male	white	Single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡
England

NAME OF FATHER
Robert Tivey

BIRTHPLACE OF FATHER ‡
England

MAIDEN NAME OF MOTHER
Jane Pickard

BIRTHPLACE OF MOTHER ‡
England

OCCUPATION
School

INFORMANT §
Father

PLACE OF BURIAL OR REMOVAL ‖
Conner Cemetery

DATE OF BURIAL
Dec 30 1905

UNDERTAKER
C. M. Young-Sec

ADDRESS
33 Prescott st Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190 .... to ..... 190 ....., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Ac. Drowning

Sudden Accident (DURATION) - DAYS

Contributory: .....

..... (DURATION) ..... DAYS

(Signed) J. C. Smith Medical Exam.

Dec 28 1905 (Address) 24 E. Central St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? ..... years ..... months ..... days

Where was disease contracted, If not at place of death? .....

Filed Dec 29 1905 Edward J. Robbins Town Clerk

* City or town, street and number, If any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, If known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL.

CITY CLERK'S OFFICE DEC 25 1905

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

39

RETURN OF A DEATH

FULL NAME Child of Isaac & Elizabeth Bradley **Registered No.** 73

Place of Death* 18 Evergreen Street

Date of Death Dec. 22, '05 **Age** ____ years ____ months ____ days

STATISTICAL DETAIL

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	White	Single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Chelmsford

NAME OF FATHER Isaac Bradley

BIRTHPLACE OF FATHER ‡ Rekkemantown N.Y.

MAIDEN NAME OF MOTHER Elizabeth Burlock

BIRTHPLACE OF MOTHER ‡ Bridgewater, Me.

OCCUPATION

INFORMANT § Isaac Bradley

PLACE OF BURIAL OR REMOVAL ‖ Edson Cemetary

DATE OF BURIAL Dec. 24 1905

UNDERTAKER J. A. Wentworth

ADDRESS 80 Middlesex St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec 22 1905 to Dec 22 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was of follows:

Primary: Phthisis

.....

.....(DURATION).....DAYS

Contributory .....

.....(DURATION).....DAYS

(Signed) [illegible] M. D.

Dec 24 1905 (Address) [illegible] St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence..... How long at Place of Death?.....Days

Where was disease contracted, if not at place of death?.....

Filed Dec. 24 1905 Edward J. Robbins Town Clerk.

*City or Town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or Country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetry.